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Factors that Affect Fathers' Participation in Parent Training for
Children with Autism Spectrum Disorders

By

Mark W. Wenzler

Action Thesis Submitted in Partial Fulfillment of the Requirements for the
Degree of Masters of Arts in Education

College of Professional Studies

School of Education

California State University, Monterey Bay

Fall 2010

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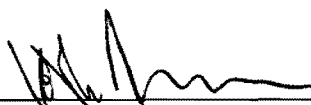
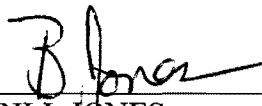
ACTION THESIS SIGNATURE PAGE

FACTORS THAT AFFECT FATHERS' PARTICIPATION IN PARENT TRAINING
FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS

BY

Mark W. Wenzler

APPROVED BY THE GRADUATE ADVISORY COMMITTEE

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Table of Contents

Acknowledgements.....	3
Table of Contents	4
Abstract	8
Chapter One: Statement of Purpose	9
Introduction	10
Background	12
Statement of Problem and Purpose	15
Research Question.....	15
Chapter Two: Literature Review	16
Introduction	17
Father Participation is Important.....	17
Research on Increasing Father Participation	18
The PLAY Project Pilot Study	20
Summary	22
Chapter Three: Methodology	23
Introduction	24

Participants and Setting	24
Recruitment of Survey Participants	25
Recruitment of Focus Group Participants	31
Procedures	34
Survey	34
Survey Data Collection Procedures	35
Focus Group Data Collection Procedures	35
Data Analysis Procedures	36
Chapter 4: Results	39
Introduction	40
Location of Training.....	40
Scheduling Days for Training	42
Gender of Trainers	43
Participants of Training	44
Format of Training	47
Fun and Effective Training	50
Base of Training	51

Participation Request.....	53
Stress	54
Child Behavior and Communication.....	55
Frequency of Training.....	57
Length of Training	59
Analysis of the Effects of Demographics on Survey Responses	59
Effects of Family Income on Preference of Parent Training Features	61
Effects of Father Age on Preferences of Parent Training Features	63
Chapter 5: Discussion	65
Introduction	66
Programmatic Factors that Positively Impact Father Participation.....	66
Flexible Scheduling (Location, Days and Times).	66
Format of Training.....	68
Directly Request Father Participation.....	71
Stress.....	72
Frequency and Duration.	72
Behavior and Communication.	72

Factors that were either Unimportant or to be Avoided 72

Implications 73

Limitations 73

Future Research..... 74

Summary 74

Conclusion..... 75

Appendices..... 78

Appendix A 79

Letters sent to SKC and PLAY Project Databases and author’s professional contacts. 79

Appendix B 81

Fathers of Children with Autism Parent Training Survey 81

Appendix C 84

Focus Group Questions 84

Appendix D 85

SKC Letter 85

ESCC Letter..... 86

Abstract

This research study investigated the factors that affect fathers' participation in parent training for children with Autism Spectrum Disorders (ASD). Thirty-nine fathers of children with ASD completed a voluntary and anonymous online survey rating how several factors would affect their participation in parent training for fathers of children with ASD. Additionally, two focus groups were held, consisting of a total of ten fathers of children with ASD from the Central Coast region of California. These fathers described their previous participation in parent trainings and cited specific factors to include and avoid in parent training programs for fathers of children with ASD. Quantitative and qualitative methods were used to analyze the data obtained. Findings pinpointed several factors important for inclusion and exclusion in parent training programs designed for fathers of children with ASD. Implications of these findings for parent training programs specifically targeting fathers are discussed.

Chapter One: Statement of Purpose

Statement of Purpose

Introduction

This mixed methods action research study investigated the factors that affect father's participation in parent training for children with Autism Spectrum Disorders (ASD). Thirty-nine fathers of children with ASD completed a voluntary and anonymous online survey rating how several factors affect father participation in a "father friendly" parent training for fathers of children with ASD. Ten fathers of children with ASD from the Monterey Bay Region in central California participated in two focus groups describing their participation in parent trainings and what factors to include and avoid in a father friendly parent training for fathers of children with ASD. The findings of the survey and focus groups pinpointed several factors important to include as well as factors that were unimportant and factors to avoid in a father friendly parent training for fathers of children with ASD. The information will be used to facilitate increased father participation in a local Monterey Bay Region program for parents of children with ASD and may be useful to other programs that provide training to parents, especially fathers, of children with ASD.

Although there is a large body of research on parent training for children with ASD, there is little research on fathers' roles and participation in these trainings (Winter, 2006). Most often fathers' participation in studies of parent education programs for children with ASD is either not specifically addressed or is underrepresented. Given the lack of research and the general perception that fathers of children with ASD rarely participate in parent trainings, the factors that affect their participation requires study. Input recruited directly from fathers of children with ASD provides guidelines for efforts to enhance the participation of fathers in parent training programs. With the information gathered in this study, and in the author's role as a consultant of

children with ASD in the Monterey Bay region on the central coast of California, the author will be able to more effectively facilitate fathers' participation in the training of their children with ASD.

In the author's experience local programs for children with ASD have limited overall parent training components, and even less direct father participation. It is rare that fathers' participation is actively sought out. It is usually mothers that coordinate the services and participate in the parent training. Most fathers interact with the professionals infrequently or not at all. For families consisting of both a father and a mother in the home, this leaves the mothers responsible for training the fathers on their own regarding what they learned in parent training, while still trying to master the skills themselves. This is difficult for the mothers to do effectively, while also fulfilling their many and varied roles in the family. One can imagine that this could be a stressful situation for both parents. Also it is more difficult for a spouse to relay the information learned, then to have the father participate directly in the training.

The intensive needs of children with ASD affect the whole family, thus increasing the need for the father's participation in the child's therapy (Winter, 2006). Consistency is of primary importance when parenting children, and is even more important with children diagnosed with ASD. Unless both parents attend and participate in parent training it seems unlikely that they will be able to provide a consistent structure and interaction style for their child with ASD. Consistency for overall interaction and parental approaches to discipline is but one extremely important factor that may be lacking when fathers do not participate in parent training. Generalization of the child's developing skills when interacting with the father is another potential problem when fathers do not participate. Finally the supportive role of the

spouse or partner to continue and maintain the training may be fractured if the mother is the only one attending the training.

Background

The author began working with children with ASD in September of 2000 for Easter Seals Central California (ESCC). At the time he worked in an in-home Applied Behavioral Analysis (ABA) program for several children diagnosed with ASD. Since that time, he worked in many different home and school programs for children with ASD. The main emphasis of his current work is parent training and education. Presently, he spends the majority of his time working in The Play and Language for Autistic Youngsters Project (PLAY Project) for ESCC. The PLAY Project is a national program trademarked by Dr. Richard Solomon in Michigan. The author and several of his colleagues at ESCC were trained in the program eventually becoming certified PLAY Project Home Consultants. This program is based on the Developmental Individualized Relationship-based (DIR) theory and Floortime methodology. He also provides ABA consultation for several children diagnosed with ASD. The majority of his consultation services in the PLAY Project and ABA are provided in the homes of the children with ASD.

Based upon the author's experience and that of three other ESCC PLAY Project Home Consultants, the PLAY Project has been relatively successful with the participation of fathers compared to other parent training programs. The majority of the families in the ESCC PLAY Project had both parents living in the home with only small minorities of the families living in either single parent households or where the child with ASD lived with people other than the biological parents (other relatives, foster parents or adoptive parents). Based upon the author's experience and informal interviews with the other ESCC PLAY Project Home Consultants roughly fifty percent of the families that participated in the program had some father

participation during the home visits. Although fifty percent is a good number for father participation in parent training of children with ASD, it means that the other half of families had little to no father participation during the home visits. Only about thirty-three percent of the families had very active fathers that attended and participated in the majority of ESCC PLAY Project home visits. Other fathers may have participated by watching the videos of the home visits and reading the accompanying reports as well as implementing the techniques.

The relative success of the PLAY Project with father participation may be due to several factors of the program design. First, the program is play-based and encourages a lot of sensory motor play, in which the parents are encouraged to “rough house” and engage in gross motor play with their children (Solomon et al., 2007, Winter, 2006). This type of play has typically been something many fathers naturally do with their children (Winter, 2006). Second as a male home consultant, some fathers expressed a connection with the author as a man and opened up in a way that the female home consultants have not experienced with fathers. Third the ESCC PLAY Project Home Consultants are flexible with the hours in which they work with families by occasionally working on weekends or weekday evenings to incorporate fathers' schedules (i.e. times when the fathers are able to more easily participate.) Fourth, all of the visits are in the child's home rather than in a therapy center or a school.

When fathers regularly participate in the ESCC PLAY Project, the author generally observes an increase in the family's consistency with implementing the techniques, better outcomes with the children, greater generalization of skills and positive attitudes about the effects of the training and the parent's confidence in implementing the therapy.

Fathers' participation in therapy for their children with ASD has always been of interest to the author, but recently a father of a child with ASD with whom he consulted in The PLAY

Project renewed his interest. This father asked the author if there were any local support groups for fathers of children with ASD in Monterey County. The author had knowledge of such a group in Santa Cruz County, but did not know of anything in Monterey County. The author approached a local professional who holds regular groups to train fathers of typically developing children on the basics of a father's role in parenting to inquire if this group would be appropriate for the father of a child with ASD. The professional did not feel the father of the child with ASD would be right for his groups. He informed the author that the groups he leads are for fathers who are in need of basic skills in how to provide for their children. In the professional's opinion, the father of the child with ASD who wanted to attend a support group likely already possessed these basic parenting skills, yet had extenuating circumstances due to his son's diagnosis of ASD. The professional suggested that the author encourage the father to start his own support group for fathers of children with ASD. At the author's next PLAY Project consultation visit with the family he discussed the professional's suggestion, for the father to start his own fathers support group for fathers of children with ASD. The father expressed interest in the idea.

The author and the father of the child with ASD set up a meeting and plans to recruit local fathers of children with ASD for the group. The author invited several fathers to the meeting from his consultation services, the vast majority of the fathers were excited about the possibility of attending a fathers' support group. They expressed a great desire to participate in such a group, and most were genuinely excited about it. Many fathers said that their families and friends did not understand what it was like to be the father of a child with ASD. There was only one father who was not interested in attending the group. More than ten fathers attended the group's first meeting. The author attended this meeting and was overcome with the strong

emotions, support and recurrent themes that came out of the stories the fathers of children with ASD shared.

Statement of Problem and Purpose

The majority of the parents involved in the therapy for children with ASD that the author provided over the past ten years have been mothers. The fathers that the author worked with cared deeply for their children with ASD, yet were not as involved in the therapy as the mothers. Most fathers of children with ASD that the author encountered as a consultant were extremely interested and concerned about their child's growth and development, but they were less actively involved with the professionals and paraprofessionals implementing the therapy. The author believes the majority of fathers care about their children with ASD and want to participate in parent training yet are unable to do so because of various factors involved in the parent training programs (scheduling, location, availability, content, etc.). Therefore, this study attempted to more clearly define which factors prevent and enable fathers to participate in parent training for their children with ASD.

There is a lack of research on fathers' participation in parent training for their children with ASD. The purpose of this study was to survey fathers of children with ASD about the factors that impact their participation of parent training and conduct two focus groups to develop a deeper understanding of these factors. The implications from these data sources will facilitate increased father participation in the ESCC PLAY Project and may be useful to other parent training programs for the parents, especially fathers, of children with ASD.

Research Question

What programmatic factors impact fathers' participation in parent training for children with ASD?

Chapter Two: Literature Review

Literature Review

Introduction

With the prevalence of autism now estimated at 1 in 100 to 1 in 110 births (Kogan et. al, 2009), it is increasingly important to find effective ways to help children diagnosed with ASD and their families. Teaching parents to provide early intervention and ongoing treatment for their own children with ASD is considered a necessary part of a comprehensive ASD program (National Research Council, 2001). Parent training for children with ASD is a demonstrated way to provide the needed intervention since the parents provide much of the therapy which provides immediate improvement in child behavior (Birkin, Anderson, Moore and Seymour, 2004). Yet fathers' participation in this treatment is often overlooked (Singer, 2007). Studies of parent training for children with ASD provide evidence for many improved outcomes, such as decreases in family stressors, increases in play and language skills and a reduction of child problem behaviors (Birkin, Anderson, Moore and Seymour 2004). However, many studies of parent training included only mothers or a small minority of fathers as the participants (Winter, 2006). It is crucial to define the specific factors that encourage and interfere with the participation of fathers of children with ASD in parent training.

Father Participation is Important

While parent training is widely accepted as an essential and effective component to therapy for children with ASD (Vismara, Colombi and Rogers, 2009), the factors leading to fathers' participation is frequently absent from the research studies (Budd and O'Brien 1982; Winter 2006). Studies demonstrate that parents are able to learn many different techniques to provide therapy for their children effectively (Solomon et al., 2007). Training the parents to be

their child's primary therapists or to generalize skills taught in school or via intensive in-home therapy is primarily focused on the needs of the mothers of children with autism (Budd and O'Brien 1982; Winter 2006). There is little study or emphasis on how to increase the participation of fathers in this role (Budd and O'Brien 1982; Winter 2006). Most researchers and early intervention programs focus on the family as a unit, or on the mothers as the primary caregivers (Hadadian and Merbler, 1995).

It is generally assumed that fathers are unwilling or unable to participate in parent training, due to traditional parenting roles where it historically has been the mother's responsibility to raise and care for young children (Hadadian and Merbler, 1995). With the benefits of parent training so valuable to children with ASD, efforts to identify strategies for enhancing the involvement and participation of fathers require further study.

The parents of all children with significant special needs clearly experience substantial additional demands and concerns, particularly during and immediately after the period when their youngsters' needs are first identified. However, there is considerable evidence to suggest that the challenges and stresses encountered by the parents of children with autism are especially acute and that they have a range of significant needs, (Whitaker 2002).

Due to the extraordinary demands of raising a child with ASD it is even more important that a father is involved to support the family, yet often families with the most difficult children have the least paternal involvement (Winter, 2006).

Research on Increasing Father Participation

A dissertation study by Winter (2006) compared a father-focused parent training to a standard parent training program for fathers of children with autism (Winter, 2006). The father-focused training was based upon a survey conducted by Winter and Schreibman (2002), in which fathers were surveyed to find the components that would encourage father participation and a review of the literature for father participation in parent trainings for typically developing and

special needs children (Winter, 2006). The standard father training was based upon the standard parent training model to teach parents Pivotal Response Training (PRT) used at the University of California, San Diego (Winter, 2006).

The Father-Focused PRT parent training (FF) in the Winter study had several changes from the Standard PRT parent training (ST) to encourage fathers to participate. First it included flexible days. Second it included flexible times. Third it had flexible locations including home visits and community settings (Winter 2006). All three of these factors were included in order to work around the fathers' work schedules, which were indicated in the 2002 survey as the primary reason fathers did not participate in parent training (Winter 2006). Fourth the FF training included a recreational component. This was included based on a majority of the responses from the 2002 survey which indicated the fathers wanted recreational activities incorporated into the parent training (Winter 2006). The recreational component included time for "rough-and-tumble" play, which incorporated the research on fathers' preferred type of interaction with their children, and was intended to also increase their motivation to participate (Winter 2006). Fifth the fathers were directly asked to participate in the FF version of the parent training (Winter 2006).

Winter found that,

Fathers are more likely to participate in parent training if changes to the format of traditional parent training are made. In addition, a treatment package tailored to the needs of fathers can lead to enhanced benefits for both the father and the child in many respects.

The FF training was more successful in recruiting fathers to participate than the ST. Also fathers in the FF training canceled and rescheduled significantly less often than the fathers in the ST.

Fathers in the FF training also mastered and generalized the skills better than the fathers in the

ST. The children in both treatments improved in several areas based upon standardized measures but the children in the FF treatment showed greater increases in some areas (Winter, 2006).

There were several limitations identified in the Winter (2006) study. First the study included a small sample size, with only three fathers and children in each treatment group, and thus the findings may not be able to be generalized to the general population of fathers of children with autism. Second there were multiple components to the FF treatment, so it is unclear which specific components increased the participation of the fathers. Third the fathers were self selected into the study from the waiting list for the University of California, San Diego Autism Research Program, and thus may have been predisposed to having more successful outcomes. Fourth the social validity raters for the study were all mothers so there were no fathers rating the level of improvement of the fathers and children in the two treatment groups.

There were also several area identified in the Winter (2006) study for further study. First was to conduct a large scale study on FF treatments. Second was for studies comparing the different factors in the FF package to see which are essential to positive outcomes. Third was to research whether including both mothers and fathers at the same time in the FF parent training would produce better results and follow through rather than working just with fathers alone (Winter, 2006). Overall the Winter (2006) study demonstrated that a father focused parent training for fathers of children with ASD has potential to greatly increase the participation of fathers, but requires further study.

The PLAY Project Pilot Study

From a recent literature review of several promising parent training programs for children with ASD conducted by the author, the pilot study of the PLAY Project was the only program to offer home visits, a play and language based curriculum, which includes “rough-and-tumble”

play, and flexible hours (Solomon et al., 2007, Winter 2006). Perhaps the relative success of the ESCC PLAY Project in garnering father participation is due to these factors because it follows the program model outlined in the PLAY Project pilot study.

In the pilot study the PLAY Project Home Consultation (PPHC) program trained parents of children with ASD in the Developmental Individualized Relationship-based (DIR) theory and Floortime model of Dr. Stanley Greenspan (Solomon et al., 2007). The PPHC pilot study conducted by Solomon and colleagues (2007) included 68 children diagnosed with ASD ages 18 months to 6 years old. Services were provided by trained therapists during half day (3 to 4 hours) monthly visits in the homes of the children with an average of 10 visits in a year. Parents were asked to implement the therapy with their child 15 hours/week. In between the half day visits, video reviews from the visits were sent to the parents. Prior to beginning the program, the parents participated in a one day seminar training with Dr. Solomon, the founder of the program (Solomon et al., 2007).

In the pilot study a majority of the children made clinically significant gains from the pre treatment assessments (Solomon et al., 2007). Several limitations were noted however, such as: lack of a control group, self selected participants, and inconsistent assessment of the intensity of the intervention (Solomon et al., 2007). The PPHC pilot study demonstrated promise as a cost effective parent education intervention but did not provide information on the participation level of fathers in the study. Therefore, addressing factors influencing father participation and applying this information to the PPHC program would add to the potential effectiveness of this approach.

Summary

Research has demonstrated the effectiveness of parent training for children with ASD. Parent training is recommended as an integral role in the therapy for successful outcomes for children with ASD. There is little research on father's participation in parent training for their children with ASD but studies indicate that father participation can have a large impact on the long term success of general parent training program and child outcomes. Research has identified several factors that can increase fathers' participation such as flexible hours, home and community visits, asking the father directly to participate in the training and a curriculum based on "rough house" play and language. The PLAY Project Home Consultation program incorporates several of these factors which may account for higher levels of father participation in the local ESCC PLAY Project. The Winter (2006) study demonstrated that a father focused parent training program for fathers of children with ASD can improve the effectiveness of Pivotal Response Training in increasing father participation, and father and child outcomes as compared to a standard parent training for fathers of children with ASD. This study seeks to further define the specific components that either encourage or discourage fathers of children with ASD to participate in parent training from their own perspective and lead to the incorporation of these factors into the local PLAY Project and other local parent training programs for parents of children with ASD.

Chapter Three: Methodology

Methodology

Introduction

This was a mixed methods action research study that investigated the programmatic factors that affect fathers' participation in parent training programs for children with ASD. Information was gathered from 39 fathers of children with ASD through an online survey and 10 fathers who participated in one of two focus groups. Quantitative and qualitative action research utilizing these data collection methods helped define from the fathers' own perspectives what components of parent training they would, or would not, include in a parent training program for children with ASD.

Participants and Setting

The participants were contacted with the assistance of a local family resource agency for Monterey County, Special Kids Crusade (SKC) and a local non-profit disabilities services agency, Easter Seals Central California (ESCC).

The mission statement for SKC is, "... to work together with families and the community to develop resources, raise awareness and provide support for children with disabilities and their families residing in Monterey County, California." SKC has a broad network within Monterey County and is connected with many parents of children with ASD. The core goals of SKC are developing resources, raising awareness and providing support for families with special needs children in Monterey County. Approval to recruit participants for this study by having SKC send an e-mail to the families in their contact database was provided by the executive director of SKC (see Appendix D).

ESCC is a nonprofit agency that serves a ten county area in Central California. ESCC is an independent affiliate of the National Easter Seals, a widely recognized, service provider for

people with disabilities throughout the United States of America. The mission statement for ESCC is, "... to create solutions that change lives of children and adults with disabilities or other special needs and their families." ESCC provided contact information for families that participated in the local PLAY Project. The ESCC PLAY Project has current and past clients in Fresno, San Benito, Santa Cruz and Monterey Counties. Approval to recruit participants for this study from the ESCC PLAY Project contact database was provided by the CEO of ESCC (see Appendix D).

Recruitment of Survey Participants

There were participants for both the survey and the focus groups for which the author followed the following procedures.

The author created a recruitment letter (see Appendix A) which requested fathers of children with ASD to participate in the online father participation survey and to contact the author to participate in the focus groups. This letter was the primary tool used to recruit fathers to participate in both the online father participation survey and focus groups.

The recruitment letter was sent from an SKC staff member via an e-mail attachment to families in the SKC database informing them of the study and asking them to complete the father participation survey using an online/web based survey tool. The number of families in the SKC database was two hundred (not all of the families in the SKC database had a child diagnosed with ASD). Additionally, the recruitment letter was sent to families of children with ASD whose children had previously participated in services provided by the investigator as a consultant or manager via e-mail. This consisted of a total of 59 families. The recruitment letter was also sent via email to 58 of the investigator's professional contacts, all of who worked with families of children with ASD. These contacts were asked to forward the letter to fathers of children with

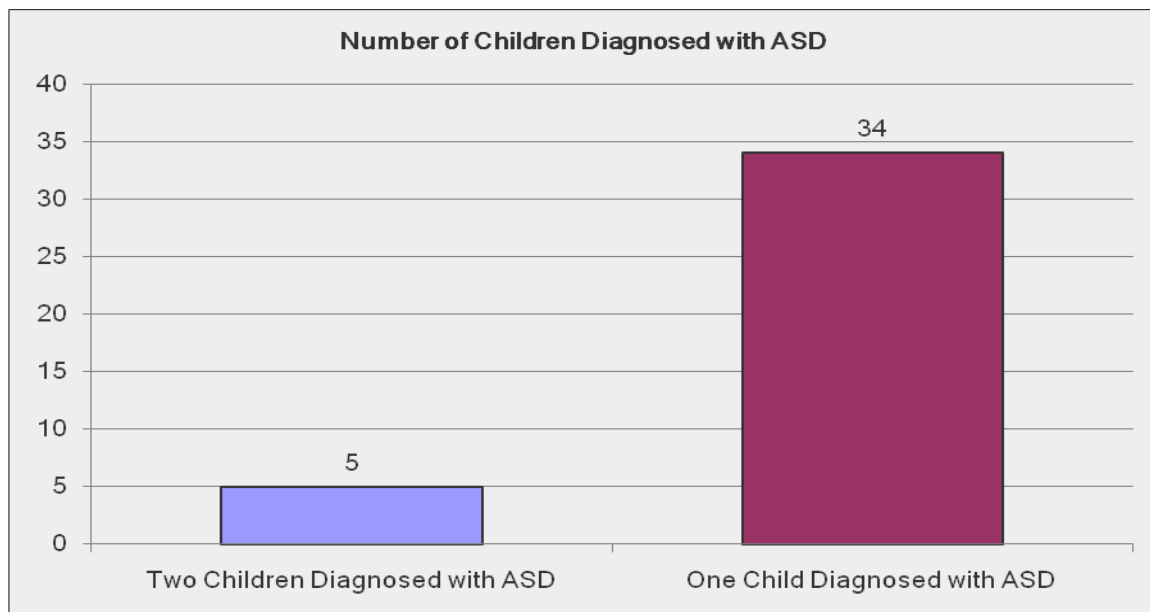
ASD that they knew through their own professional activities. While 15 of the professional contacts confirmed forwarding the recruitment letter to fathers of children with ASD, the exact number of fathers who received a recruitment letter through these means is not known.

The survey was made available in an online format for three and one half weeks. The author sent one final reminder e-mail four days before the closing of the online survey with a second participation letter (see Appendix A) attached to the 59 families of children with ASD whose children had previously participated in services provided by the investigator as a consultant or manager and to the 58 professional contacts to encourage more responses to the online survey.

Survey Participant Demographics

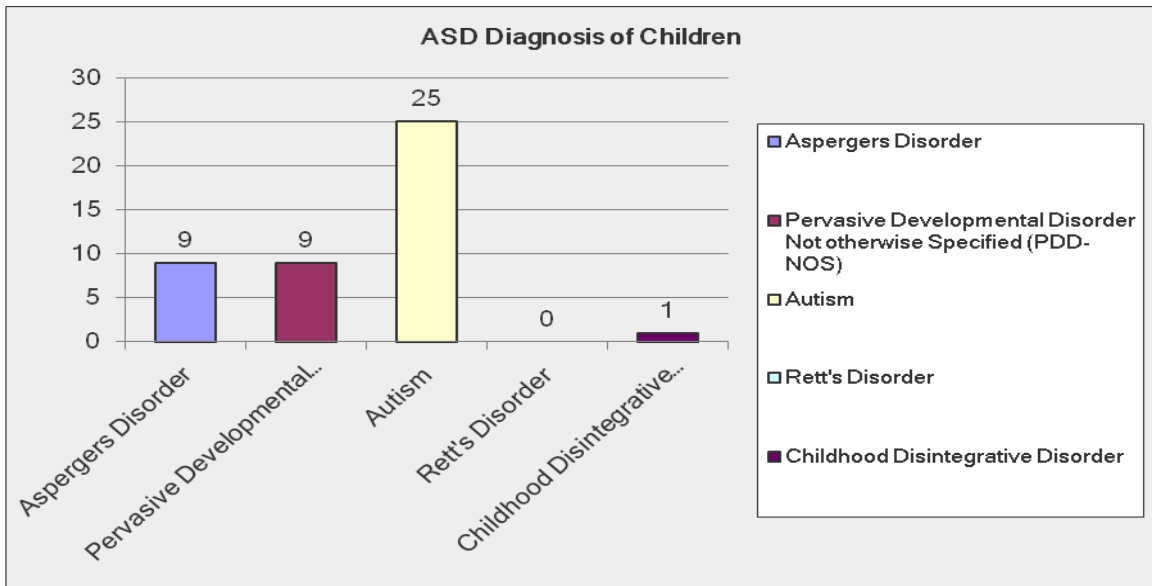
Thirty-nine participants completed the online survey. All thirty-nine respondents identified themselves as the father of a child diagnosed with ASD. Demographic information on the survey respondents is presented in Figures 1 through 9.

Figure 1. Number of Children Diagnosed with ASD.



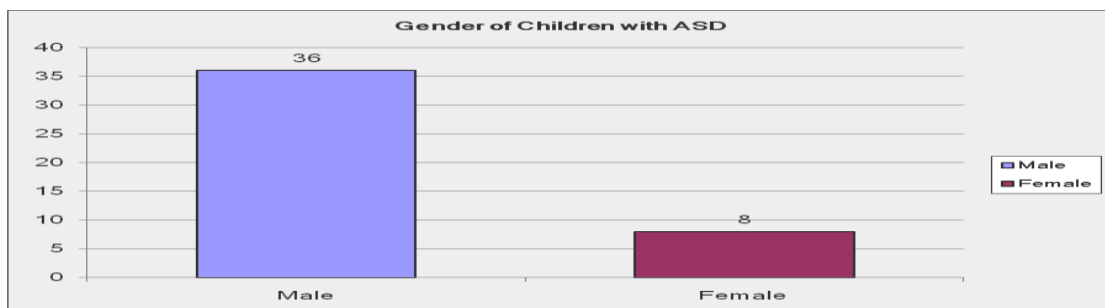
Thirteen percent of the fathers (5 of 39) had two children diagnosed with ASD. Eighty-seven percent of the fathers (34 of 39) had only one child diagnosed with ASD.

Figure 2. ASD Diagnosis of Children.



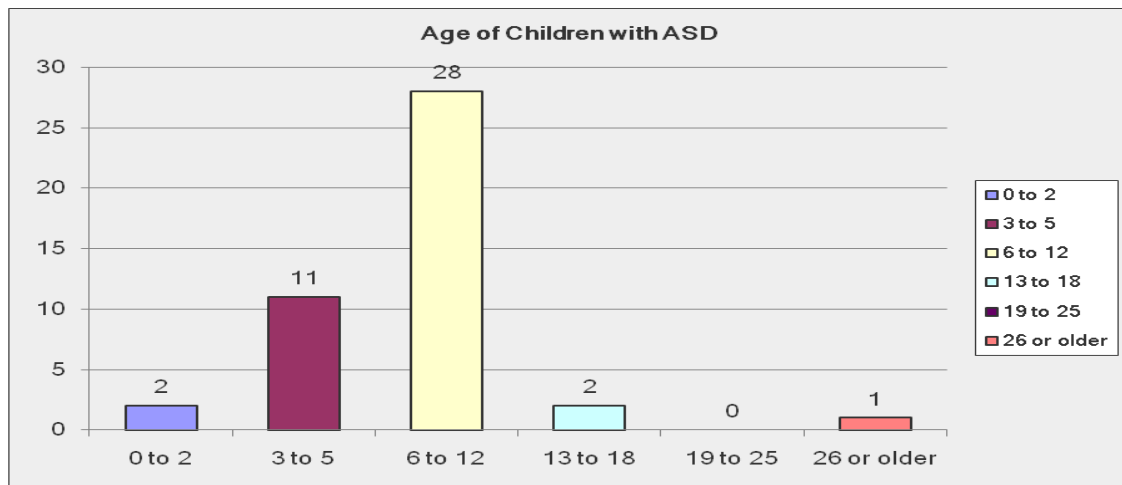
Thirty-nine fathers completed the survey, but as five of the fathers had two children diagnosed with ASD there were a total of forty-four children diagnosed with ASD. Fifty-seven percent of the children (25 of 44) were diagnosed with autism. Just over twenty percent of the children (9 of 44) were diagnosed with either Aspergers Disorder or PDD-NOS. Two percent of the children (1 of 44) were diagnosed with Childhood Disintegrative Disorder. None of the children were diagnosed with Retts's Disorder.

Figure 3. Gender of Children with ASD.



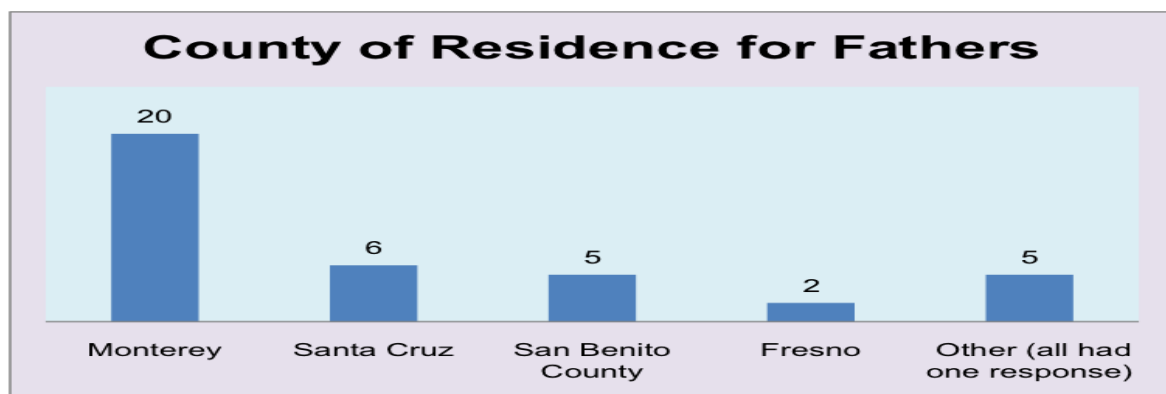
Eighty-two percent of the children (36 of 44) diagnosed with ASD were male. Eighteen percent of the children (8 of 44) diagnosed with ASD were female. The five fathers with two children diagnosed with ASD had only male children.

Figure 4. Age of Children with ASD.



Just over four percent of the children diagnosed with ASD (2 of 44) were age 2 or below. Twenty-five percent of the children diagnosed with ASD (11 of 44) were age 3 to 5. Sixty-four percent of the children diagnosed with ASD (28 of 44) were age 6 to 12. Just over four percent of the children diagnosed with ASD (2 of 44) were age 13 to 18. Two percent of the children diagnosed with ASD (1 of 44) were age 26 or older.

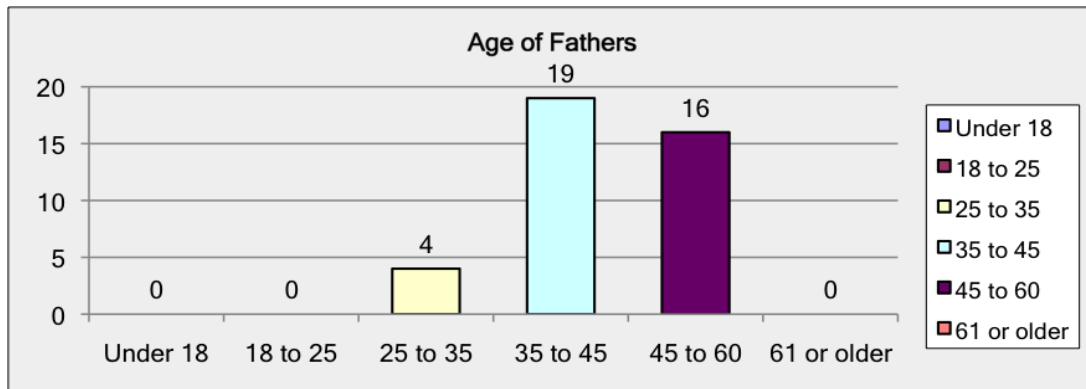
Figure 5. County of Residence for Fathers.



Fifty-one percent of the fathers (20 of 39) resided in Monterey County California.

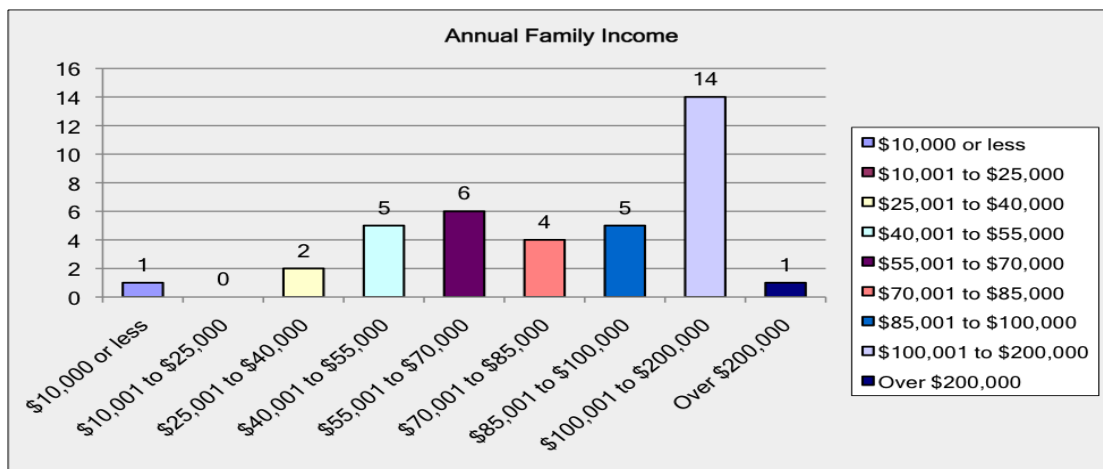
Seventy-nine percent of the fathers (31 of 39) resided in the Central Coast region of California (Monterey, Santa Cruz or San Benito Counties). Five percent of the fathers (2 of 39) resided outside of California.

Figure 6. Age of Fathers.



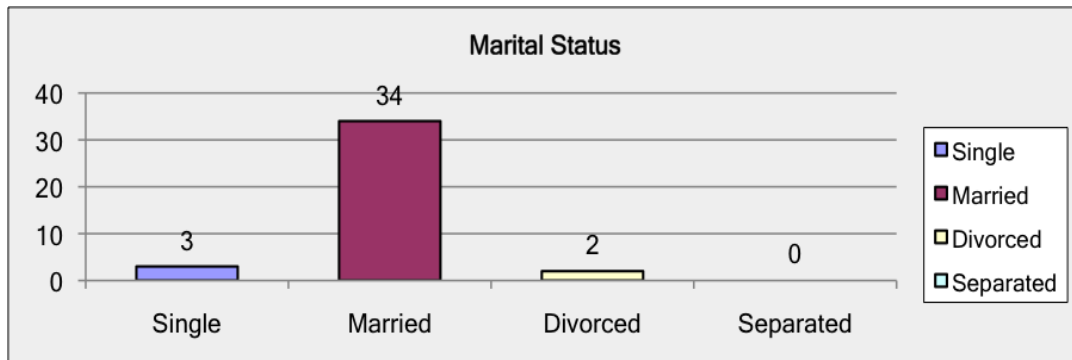
Forty-one percent of the fathers (16 of 39) were between 45 and 60 years of age. Forty-nine percent of the fathers (19 of 39) were between 35 and 45 years of age. Ten percent of the fathers (4 of 39) were between the age of 25 and 35. None of the fathers (0 of 39) were under the age of 25 or over the age of 61. Fifty-nine percent of fathers (23 of 39) were 45 years of age or younger.

Figure 7. Annual Family Income.



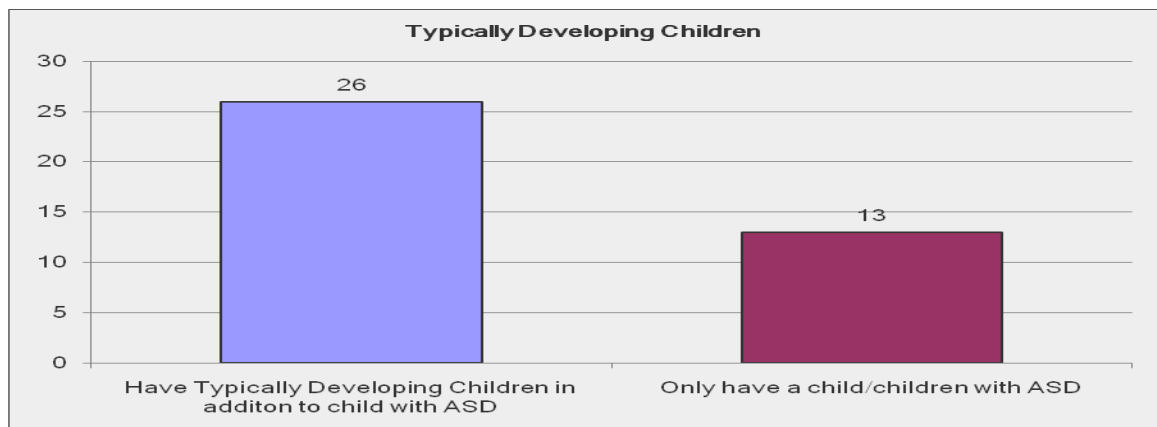
Fifty-three percent of the fathers (20 of 38) reported \$85,001 or more in annual family income. Forty-seven percent of the fathers (18 of 38) reported \$85,000 or less in annual family income. One father did not answer this question.

Figure 8. Marital Status.



Eighty-seven percent of the fathers (34 of 39) reported they were married. Eight percent of the fathers (3 of 39) reported they were single. Five percent of the fathers (2 of 39) reported they were divorced. None of the fathers reported they were separated.

Figure 9. Typically Developing Children.



Sixty-seven percent of the fathers (26 of 39) reported having typically developing children in addition to a child diagnosed with ASD. Thirty-three percent of the fathers (13 of 39) reported only having children diagnosed with ASD.

Recruitment of Focus Group Participants

First the recruitment letter (see Appendix A) was sent in the procedure described above for the online survey requesting fathers of children with ASD from the Monterey Bay Region of Central California to participate in one of two focus groups in Monterey California. The fathers were given three weeks to indicate their interest in participating in the focus groups. Five fathers responded to the initial e-mail indicating their agreement to participate in a focus group. The author then contacted by telephone, nine additional fathers of children with ASD with whom he had consulted in the past and who were residing in the Monterey Bay Region. Five of the nine fathers of children with ASD that the author contacted agreed to participate in a focus group. The author divided this group of ten fathers based upon their ability to attend one of two scheduled focus groups. This resulted in four fathers attending the first focus group, and six fathers attending the second. The first focus group meeting was held at a CSUMB conference room in Seaside, CA. The second focus group meeting was held at the SKC conference room in Monterey, CA. These locations were deemed appropriate due to their neutral and central locations.

Requirements for participation in the focus groups were that the participants 1) were fathers of at least one child diagnosed with ASD, 2) spoke English and 3) lived in the Monterey Bay Region of Central California.

Focus Group Participant Demographics

Demographic and other information on the focus group participants is presented in Tables 1 & 2.

Table 1. Focus Group Demographic Information.

Focus Group Participants	Focus Group #	# of children w/ASD	ASD diagnosis of child/ children	Father of typical children	Child Gender	Father Ethnicity	County
FG Dad #1 "Adam"	1	Multiple	mild autism - moderate to severe autism	Yes	Females	Caucasian	Monterey
FG Dad #2 "George"	1	Multiple	Aspergers - moderate to severe autism	No	Males	Caucasian	Monterey
FG Dad #3 "Chris"	1	1	PDD-NOS	Yes	Male	Caucasian	Monterey
FG Dad #4 "Dan"	1	Multiple	mild autism - moderate to severe autism	No	Male	Hispanic	Monterey
FG Dad #5 "Tony"	2	1	Autism	No	Male	Caucasian	Monterey
FG Dad #6 "Luke"	2	1	Autism	Yes	Male	Caucasian	Monterey
FG Dad #7 "Henry"	2	1	Autism	Unknown	Male	Caucasian	Monterey
FG Dad #8 "Rich"	2	1	Autism	Yes	Male	Caucasian	San Benito
FG Dad #9 "Jose"	2	1	Aspergers	Yes	Female	Asian	San Benito
FG Dad #10 "Jerry"	2	Multiple	mild autism - moderate to severe autism	Yes	Males	Hispanic	Santa Clara

Forty percent of the focus group fathers (4 of 10) had multiple children diagnosed with ASD. Three of these fathers attended the first focus group.

Twenty percent of the focus group fathers (2 of 10) had a child diagnosed with Aspergers. Eighty percent of the focus group fathers (8 of 10) had at least one child diagnosed with autism. Ten percent of the focus group fathers (1 of 10) had a child diagnosed with PDD-NOS.

Sixty percent of the focus group fathers (6 of 10) had typically developing children in addition to their child/children diagnosed with ASD. One father did not report if he had any typically developing children.

Eighty percent of the focus group fathers (8 of 10) had male children diagnosed with ASD. Twenty percent of the focus group fathers (2 of 10) had female children diagnosed with ASD.

Seventy percent of the focus group fathers (7 of 10) were Caucasian. Twenty percent of the focus group fathers (2 of 10) were Hispanic. Ten percent of the focus group fathers (1 of 10) were Asian.

Seventy percent of the focus group fathers (7 of 10) resided in Monterey County. Twenty percent of the focus group fathers (2 of 10) resided in San Benito County. Ten percent of the focus group fathers (1 of 10) resided in Santa Clara County.

Table 2. Participation in The PLAY Project and Consultation with Author.

Participants	Participated In PLAY Project	Author consulted directly with family in PLAY or ABA
FG Dad #1 "Adam"	No	Yes
FG Dad #2 "George"	Yes	Yes
FG Dad #3 "Chris"	Yes	Yes
FG Dad #4 "Dan"	Yes	No
FG Dad #5 "Tony"	Yes	Yes
FG Dad #6 "Luke"	Yes	Yes
FG Dad #7 "Henry"	No	No
FG Dad #8 "Rich"	Yes	Yes
FG Dad #9 "Jose"	Yes	Yes
FG Dad #10 "Jerry"	No	No

Seventy percent of the focus group fathers (7 of 10) participated in the PLAY Project with ESCC. Seventy percent of the focus group fathers (7 of 10) had PLAY Project home consultation or ABA consultation provided by the author. Thirty percent of the focus group fathers (3 of 10) had no consultation with the author prior to the focus groups.

Procedures

Survey

The Fathers of Children with Autism Parent Training Survey (See Appendix B) was developed based on the common themes in the review of the literature and the author's

consultation experience. The survey utilized a Likert Scale for analysis and one open ended question for additional qualitative information.

The survey gathered information on the fathers opinions of what components are most important to their participation in parent training for their child and family. Fathers of children with ASD were give one open ended question as an opportunity to provide more detailed information.

Survey Data Collection Procedures

The survey responses were analyzed using filters and crosstab functions available from the company that hosted the online survey to determine if the respondents' demographic information led to significant variability in their responses to the factors they rated as important or unimportant on the survey. After utilizing these tools the author selected two demographic categories to use for further statistical analysis using the chi-square test: annual family income data and father age data. The author exported the survey information to an Excel spreadsheet. The annual family income data was converted into the two categories of fathers whose annual family income was either over or under \$85,000, as this was the median income reported in the survey. The fathers' age data was converted into the two categories of fathers either over or under the age of 45, as this was the median age reported in the survey. The data was then prepared on the Excel spreadsheet to be analyzed by the chi-square test. Once the data was prepared the author imported the data into SPSS for the chi-square analysis.

Focus Group Data Collection Procedures

At each focus group the author had the fathers of children with ASD arrive fifteen minutes early in order to read and sign both a consent form and an audio consent form. The fathers were provided with a copy of each form.

Each focus group began with a common set of questions (see Appendix C). The author then asked several follow up questions at each focus group in order to elicit more information about a topic or to keep the group focused on the topic of the study. The first two questions posed to the focus group participants were:

1. How many of you have been through parent training for your child/children with ASD?
 - a. What worked for you in those trainings?
 - b. What did not work for you in those trainings?
2. What would you include in a father friendly training for fathers of children with ASD?

The author took notes on a tablet and referred back to the notes to recap salient points in order to have all participants give opinions on each point. Both focus groups were recorded using a digital audio recording device. These recordings were later transcribed for analysis. The author facilitated the group in such a way that all of the fathers were asked to contribute. The focus groups allowed the author to gather in depth information on the opinions of several fathers of children with ASD on what factors can increase or discourage father participation in parent training for children with ASD.

Data Analysis Procedures

The data consisted of the thirty-nine completed surveys and the transcriptions of the two focus group sessions.

There were 48 respondents to the online survey. However, nine of the surveys were excluded due to the fact that they were not adequately completed. One respondent was deleted because no questions were answered. One respondent was deleted because only the first question was answered. The other seven respondents were deleted because the respondents only

completed the demographic questions and did not complete the Likert Scale of programmatic factors influencing father participation.

The author used descriptive statistics for analysis of the Likert Scale items utilizing the mode for each item. Also related programmatic factors (such as items about the location of the training) were grouped together and displayed in bar graphs for further analysis. The mode and bar graphs were selected based upon an article on statistical analysis of Likert Scales. The following is an excerpt from the article,

With Likert scale data, the best measure to use is the mode, or the most frequent response. This makes the survey results much easier for the analyst (not to mention the audience for your presentation or report) to interpret. You also can display the distribution of responses (percentages that agree, disagree, etc.) in a graphic, such as a bar chart, with one bar for each response category, (Hall 2010)

These comparisons are listed in the results chapter. The survey results were triangulated with the transcriptions of the two focus groups to develop the most important factors in all three data sources.

The data from the open ended survey questions and the two focus group transcriptions were coded based on the major and minor themes. An inductive analysis of the general survey results, the open ended survey questions and two focus group transcriptions revealed new themes.

All of the data was coded under two major themes based upon the review of the literature, the author's experience as a parent trainer of families that have a child with ASD and the study results. The major themes were: 1) programmatic factors that encourage father participation and 2) programmatic factors that inhibit or are unimportant to father participation. Under each major theme there were several minor themes derived from data analysis.

The minor themes chosen were: Location of Training, Scheduling Days of Training, Gender of Trainers, Participants, Format of Training, Fun, Base of Training, Participation Request, Stress, Child Behavior, Effective Training, Child Communication, Cost of Training, Child Care and Video. These findings lead to specific recommendations in the action plan for the PLAY Project and other parent training programs for children with ASD to promote father participation. The findings may also provide useful information to other parent training programs for children with ASD.

Chapter 4: Results

Results

Introduction

The purpose of this study was to determine factors that affect fathers' participation in parent training for fathers of children with ASD. Fathers of children with ASD completed an online survey and participated in two focus groups. Based upon the survey results and the data derived from the focus groups, analyses were conducted in the following groupings: 1) Location of Training; 2) Scheduling Days of Training; 3) Gender of Trainers; 4) Participants of Training; 5) Format of Training; 6) Fun and Effective Training; 7) Base of Training; 8) Participation Request; 9) Stress; 10) Child Behavior and Communication; 11) Length of Training; 12) Frequency of Training; 13) Effects of Family Income; and 14) Effects of Father Age.

Location of Training

Fathers' responses to the survey indicated a strong preference regarding where the training takes place. In response to the item, "The training is in my home", the mode was "very important" with forty-one percent (16 of 39) of the responses being in this category (see Figure 12). Seventy-two percent of the fathers rated training in the home as either "very important" or "somewhat important."

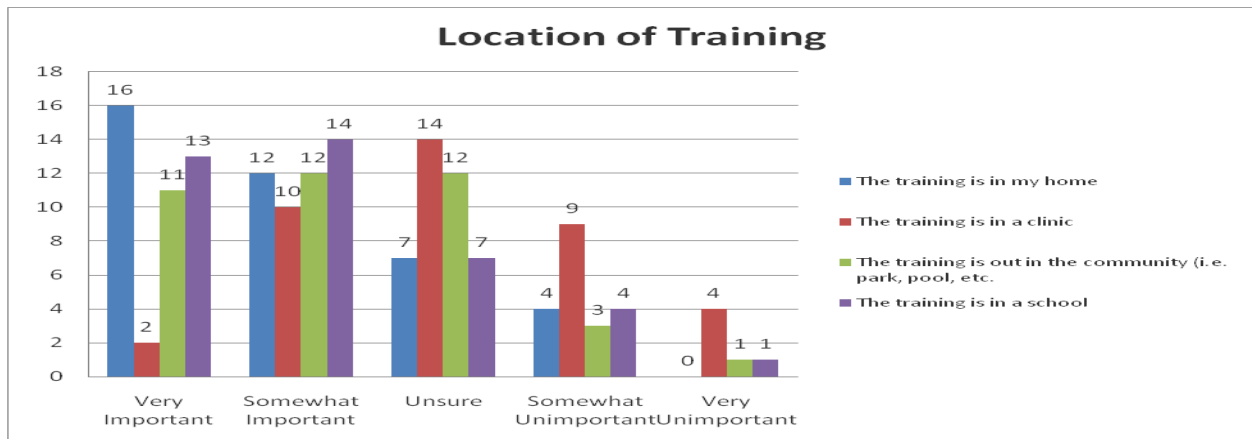
At both of the focus groups, fathers commented on how valuable home visits were, thus providing additional support to the survey results in this area. At the second focus group, one father of a child with moderate autism commented, "I too agree that having somebody come into the home was incredibly helpful. ... having somebody come into the home and reinforce the interactions was wonderfully helpful." With these results, providing the training in the home, or at least having an option to have the training take place in the home is very important.

The item, “The training is in a school,” also was rated as important by many of the fathers. The mode for this factor was “somewhat important” which received thirty-six percent (14 of 39) of the ratings. Sixty-nine percent of fathers rated a school as either “very important” or “somewhat important” for training location.

The item, “The training is out in the community” was also rated as important, but to less of an extent than the home or school settings. The mode for this factor was split between “somewhat important” and “unsure” which each received thirty-one percent (12 of 39) of the ratings for this item. Despite the fact that there were an equal number of “unsure” responses as “somewhat important” responses, sixty-two percent of the fathers rated the importance of the training taking place in the community as either “very important” or “somewhat important”. At both focus groups several fathers commented that they preferred the training take place in the community.

The location item rated least important was, “The training is in a clinic”. The mode for this item was “unsure” receiving thirty-six percent (14 of 39) of the ratings. There were more responses that rated this question as “somewhat unimportant” or “very unimportant” (33%) than as “somewhat important” or “very important” (31%).

Figure 10. Location of Training.



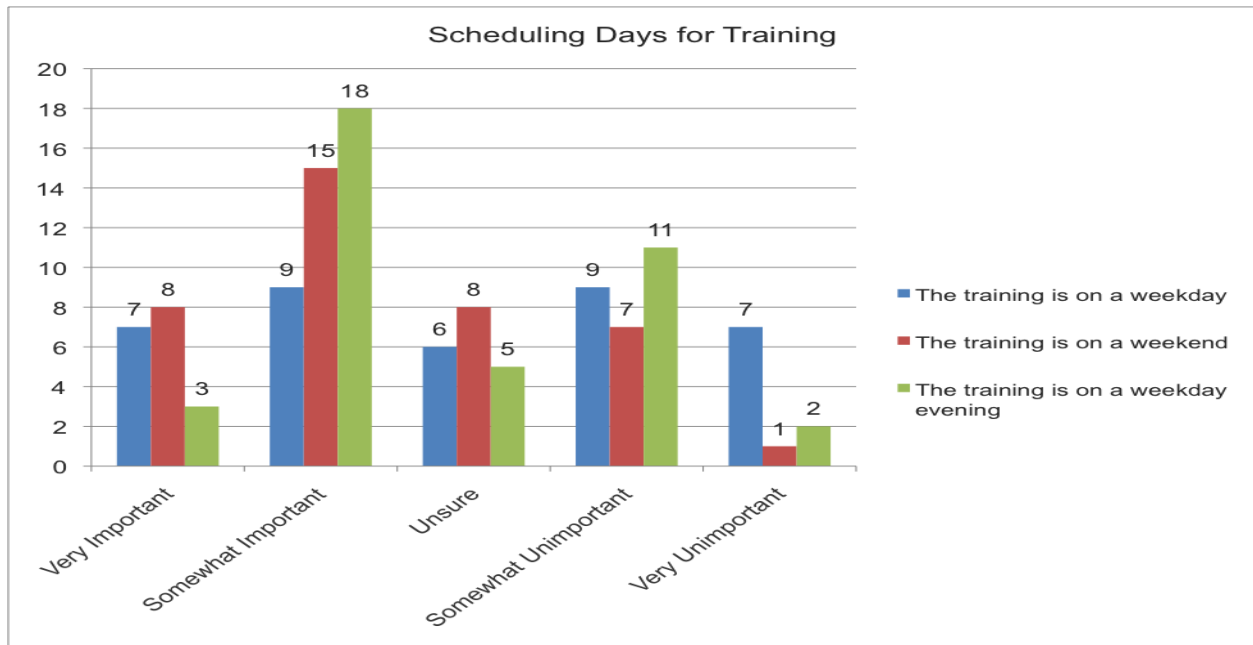
Scheduling Days for Training

The item, “The training is on a weekday,” had mixed responses. The mode was split between “somewhat important” and “somewhat unimportant”, with twenty-four percent (9 of 38) of the responses for each (see Figure 13). There were also an equal number of responses (7) in “very important” and “very unimportant”. This created the same percentage of responses (42% or 16 of 38) in both “very important” and “somewhat important” as was observed in both “very unimportant” and “somewhat unimportant” categories. One survey respondent did not respond to this item.

The item, “The training is on a weekend,” also had mixed results, but was rated as being more important than the weekday option. The mode for weekend training was “somewhat important” which received thirty-eight percent (15 of 39) of the responses. The weekend option had the highest percentage of respondents in the “very important” and “somewhat important” categories, with fifty-nine percent (23 of 39) of the responses.

The item, “The training is on a weekday evening” was also rated higher than the weekday option. The mode for the weekday evening option was “somewhat important” for forty-six percent (18 of 39) of the fathers. A high percentage of fathers (54%; 21 of 39) rated this option as either “very important” or “somewhat important”. Only three fathers rated this option as very important. It was noteworthy that from among the training scheduling options, this option also had the highest level of “somewhat unimportant” responses (28%; 11 of 39).

Figure 11. Scheduling Days for Training.



Gender of Trainers

The mode for the item, “The trainers are women,” which was “very unimportant” received forty-five percent (17 of 38) of the responses (see Figure 14). Seventy-four percent (28 of 38) of the fathers rated this factor as either “somewhat unimportant” or “very unimportant”. One respondent did not answer this item.

The mode for the item, “The trainers are men” which was “very unimportant” received forty-one percent (16 of 39) of the responses. Sixty-nine percent (27 of 39) of the fathers rated this factor as either “somewhat unimportant” or “very unimportant”. The survey responses indicate that the gender of the trainer was unimportant to a large majority of the fathers.

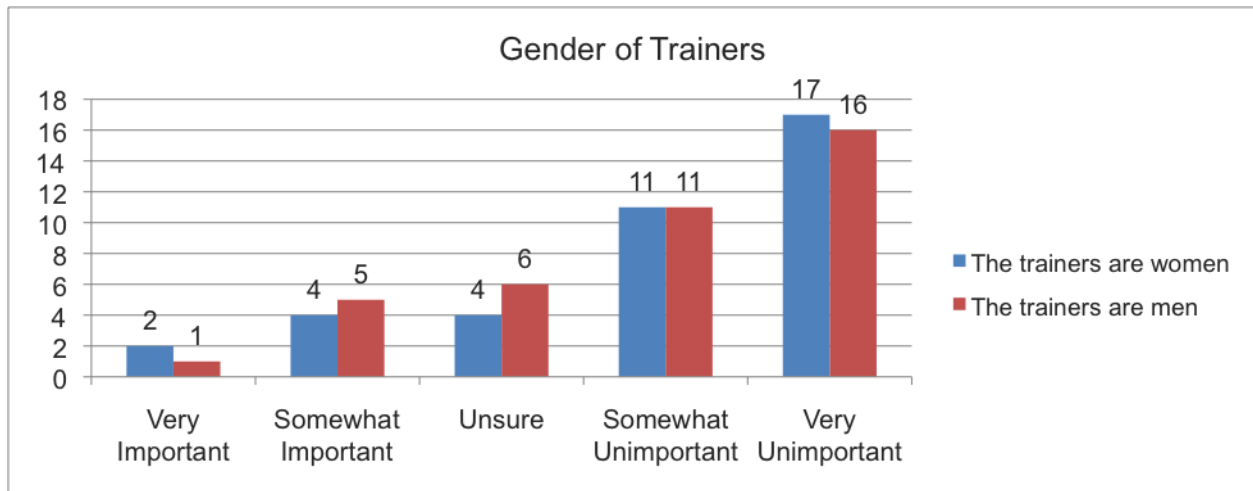
At the second focus group two fathers made statements contrary to the survey results stating it was important to have a male trainer because there are so many females in the field. One father summarized his point,

“I think is really important ... for a boy I think it’s really good to have a male therapist because it’s a whole different dynamic than with a female. You can do more rough

housing more physical stuff. And the boys I think really need that and they don't get that from female therapists and in my particular son's case he's got female teachers everywhere he goes. ... it's just really nice to have a guy, you know, come to your house and I think it's just easier to relate to and as a father it made me more comfortable too."

At the first focus group this gender of the trainer was not addressed by the participants.

Figure 12. Gender of Trainers.



Participants of Training

The mode for the item, "The training is with me, my spouse/partner, the trainer and my child" which was "somewhat important" received fifty-one percent (20 of 39) of the responses (see Figure 15). Seventy-seven percent (30 of 39) of the fathers rated this factor as either "very important" or "somewhat important". The survey results indicate that to a majority of the fathers it is important to have their spouse/partner and child attend the training when compared to the other items in this grouping.

At both focus groups fathers mentioned the importance of attending the training with their spouse or partner so they could support each other to consistently implement the training which was consistent with the survey results. One father at the second focus group said, "The scheduling is probably the hardest thing because you definitely want both parents there. And I know a lot of times I couldn't always be there so you know my wife has to do it alone." This

quote describes the importance of the spouse/partner attending the training with the father and the challenge of scheduling a time when both can attend.

The mode for the item, “The training is with other fathers of children with ASD,” which was “unsure” received thirty-eight percent (15 of 39) of the responses. Forty-one percent (16 of 39) of the fathers rated this factor as either “somewhat unimportant” or “very unimportant”. The survey results indicated that the fathers were either unsure or rated as unimportant attending the training with other fathers of children with ASD.

At both focus groups participants made statements about the value of meeting with other fathers of children with ASD. One of the fathers at the second focus group reported on attending trainings with other fathers of children with ASD,

“It’s just the agenda gets taken in another direction if it’s majority women. And the things that we need are not going to get addressed. ... So to have like a dad’s only group. If you’ve ever gone to one of these support groups and it’s a bunch of women and you, you realize that it can often be like, ‘my husband’s such a jerk.’ and that’s the whole thing. So you’re just sitting there going, ‘well ok. What can I do?’ Yeah, you can’t participate in that. ... we need a chance to realize. I mean some of us are brand new and that first year is the crappiest year of your life. It gets better (laugh) I promise. Right after you get that diagnosis it is a really bad year. But every year gets better and you know the dads who are further along are going to help the guys who just found out. And that is really important. And yeah what Tony was saying about not knowing what you’re about to go through. Sometimes a therapist isn’t the best person to explain that. Or to help you through having other fathers that’s the best way to access that.

This father described the benefit of attending a training or support group with other fathers and a different level of connection with other fathers than with mothers.

The mode for the item, “The training is with other parents of children with ASD,” which was “unsure” received thirty-three percent (13 of 39) of the responses. Thirty-six percent (14 of 39) of the fathers rated this factor as either “somewhat unimportant” or “very unimportant”. The survey results indicated that the fathers were either unsure or rated as unimportant to attend the training with other parents of children with ASD.

In both focus groups the participants described participation of other parents as important for training. One father at the second focus group described his experience at a parent training with other parents of children with ASD

We would be in a room doing things with my son and all the parents and the coach watching us and what we're doing. Watching his behavior... watching us by camera. ... the parents gave ideas the way [sic] the other parents were doing about how to handle different behaviors with the kids. It was really helpful.

This father reported that other parents of children with ASD provided helpful strategies to each other at the training. A father of multiple children with ASD at the first focus group described the importance of meeting other parents at trainings,

What I do get from the trainings or any kind of group like this, is the other parents that understand where you're coming from. And it's probably the biggest reason that I really go because I know I'm going to meet somebody there that has gone through some things. And they are kind of like us. They learned a lot of their stuff through hit and miss through trial and error. You do share stuff you do pick up stuff just from being a parent of children with autism. And you discuss, you know, what the presenter or trainer is talking about. That's like I said [sic] for me the biggest advantage of doing these type of things.

Fathers at both focus groups described the benefit of learning from the success and failures of other parents of children with ASD at trainings.

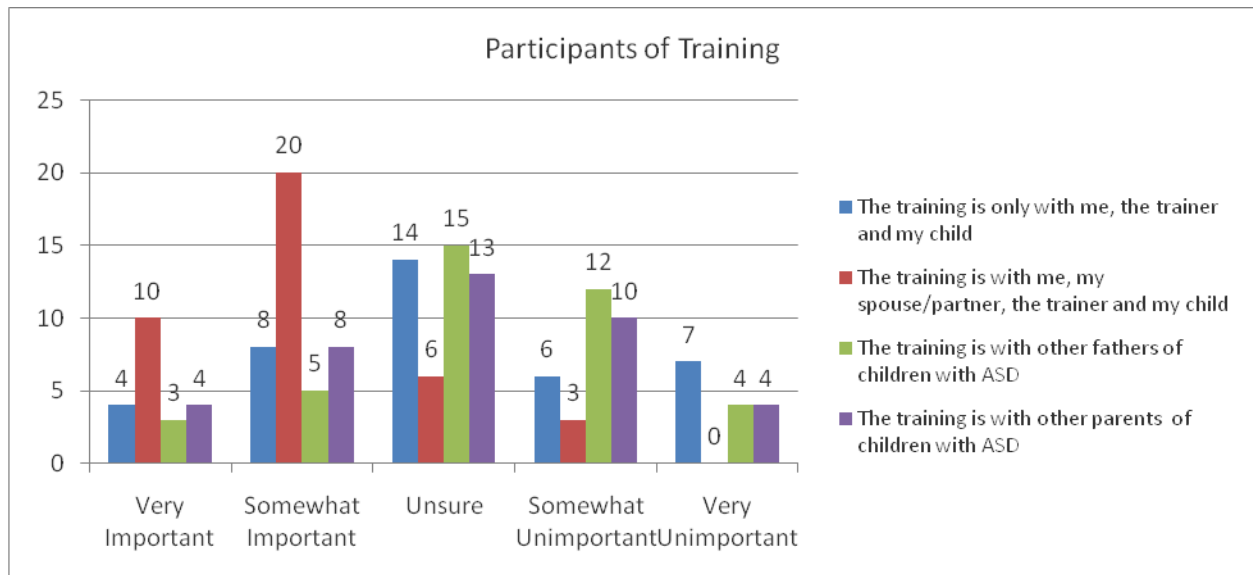
The mode for the item, "The training is only with me, the trainer and my child," which was "unsure" received thirty-six percent (14 of 39) of the responses. The responses for this item either in "somewhat unimportant" and "very unimportant" was thirty-three percent (13 of 39) which was close to the percentage of responses for this item either in "very important" and "somewhat important" which was thirty-one percent (12 of 39). The survey results indicate a small majority of fathers were unsure if the training should only be with themselves, their child and the trainer.

At the first focus group child care was discussed as an important topic related to the father and their spouse/partner participating together in training. At the first focus group one father of multiple children with ASD summarized the need for childcare,

Yeah, it's very difficult for almost all of the training that I have been to and that my wife has been to. We have to find somebody to take care of the kids or one of us takes it and we take it in turns. So to make it accessible for parents with this need, childcare is really important, in my mind, as something that would allow people to come. Yes, your kids are going to be taken care of by someone who understands special needs kids.

At the first focus group the fathers described child childcare as essential for fathers and their spouse/partners with more than one child to attend trainings. Furthermore the fathers said the childcare providers needed to have specialized training in childcare for children with ASD.

Figure 13. Participants of Training.



Format of Training

The mode for the item, “The training is hands-on with my child,” which was “very important” received forty-one percent (16 of 39) of the responses (see Figure 16). Seventy-nine percent (31 of 39) of the fathers rated this item as either “very important” or “somewhat

important". The survey results indicated a majority of the fathers rated hands-on training with their child as important.

The mode for the item, "The training is in a lecture format," which was "somewhat unimportant" received thirty-six percent (14 of 39) of the responses. Fifty-nine percent (23 of 39) of the fathers rated this factor as either "somewhat unimportant" or "very unimportant". The survey results indicate that the majority of the fathers rated lecture format for the training as unimportant. This indicated a strong preference for hands on training for the fathers as compared to lecture training.

At both focus groups the fathers reported that lectures were helpful but should be combined with hands-on training. In each focus group the participants proposed combined lecture and hands-on training. This would consist of a group lecture with other parents of children with ASD and hands-on training on different training days/sessions. For example, a group of parents would listen to a lecture to begin the training before doing the same therapy hands-on with their child at a separate home, school or community visit. At the second focus group one father of a child with autism described this proposal, "To have like a [sic] blended program where we could all get together and see some academic stuff like a lecture. Where you talk about what circles of communication are and, you know, really go in depth and then come into the home."

Using video technology for training was also discussed at both focus groups. One father of a child with PDD-NOS, who participated in the PLAY Project with the author, commented that the video from PLAY Project training visits and typed video review were helpful for him,

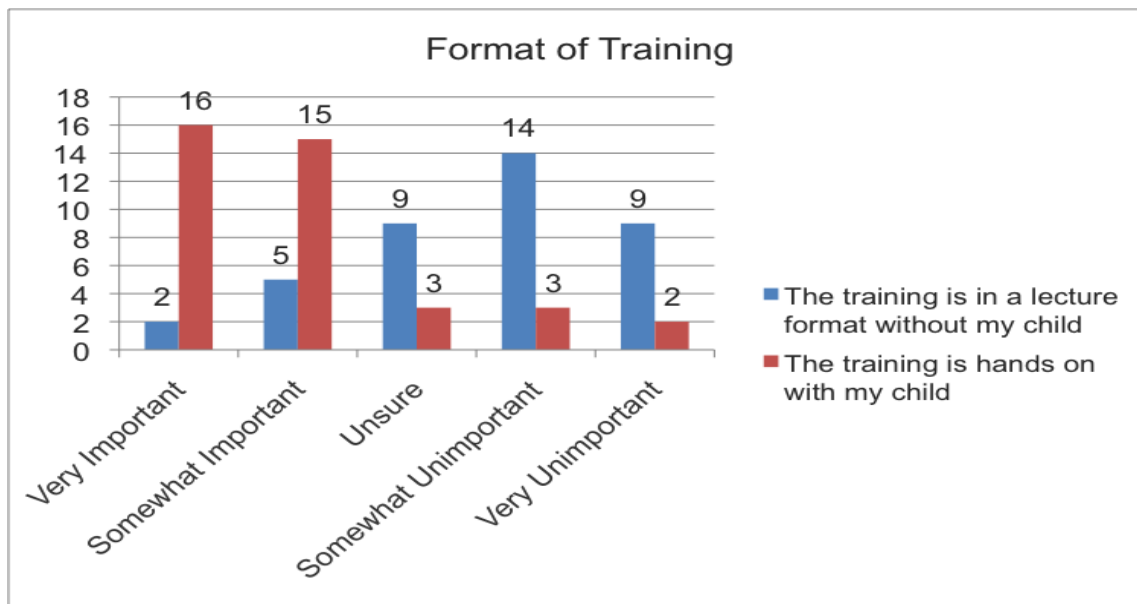
I thought the videotape idea was a great one because you could really sit and watch it and replay it. And I'm a more visual person. I like to watch somebody demonstrating something in that regard. So I think that would be a helpful thing to have as part of a father friendly training course.

One father at the second focus group felt the videos and reports from the PLAY Project were not helpful because,

I thought I was really excited that the author was making the DVDs and that we would have all this stuff to look at and then in reality I just never went back and looked at it. It's just ... you know watching a video is something you would sort of end up doing after the kids go to sleep. Come 9:30, when you finally put them down the last thing you want to do is work on more autism therapy stuff. It's just like, let's just watch something funny and go to bed.

This quote described the challenge the father had to find time to watch the video outside of the training session. This same father commented later in the group that watching the video with the author was beneficial. All the focus group participants that had gone through the PLAY Project felt that watching the video with the trainer was the most beneficial. Based on comments at both focus groups, reviewing videos of parents and trainers utilizing the skills taught at the training with the child was important to include in the training format.

Figure 14. Format of Training.



Fun and Effective Training

The mode for the item, “I see the training is effective with my child” which was “very important” received eighty-seven percent (34 of 39) of the responses. Ninety-seven percent (38 of 39) of the fathers rated this factor as either “very important” or “somewhat important”. The survey responses indicated that effective training was important to a significant majority of the fathers.

The mode for the item, “The training is fun for my child” which was “very important” received fifty-four percent (21 of 39) of the responses. Ninety-five percent (37 of 39) of the fathers rated this factor as either “very important” or “somewhat important”. The vast majority of the fathers indicated it was important that the training be fun for the child.

The mode for the item, “The training is fun for me” which was “somewhat important” received thirty-one percent (12 of 39) of the responses. Fifty-nine percent (23 of 39) of the fathers rated this factor as either “very important” or “somewhat important”. A majority of the fathers indicated the training should be fun for them as fathers but to a smaller degree than ensuring the training was fun for their child.

At both focus groups fathers reported that the training should be fun for the father and child which confirmed the survey results. One of the responses to the open ended survey question summarized this point, “That it [the training] is fun for all involved especially for the child and that it not require too much "book work" for parents ... mostly hands on.”

Figure 15. Fun and Effective Training.



Base of Training

The mode for the item “The training is behaviorally based,” which was “very important” received forty-six percent (18 of 39) of the responses (see Figure 18). Eighty-seven percent (34 of 39) of the fathers rated this factor as either “very important” or “somewhat important”. The survey results indicated a large majority of the fathers rated a behaviorally based training as important.

The mode for the item, “The training is developmentally based” which was “somewhat important” received fifty-one percent (20 of 39) of the responses. Ninety percent (35 of 39) of the fathers rated this factor as either “very important” or “somewhat important”. A significant majority of the fathers indicated a developmentally based training was important at approximately the same level as behaviorally based.

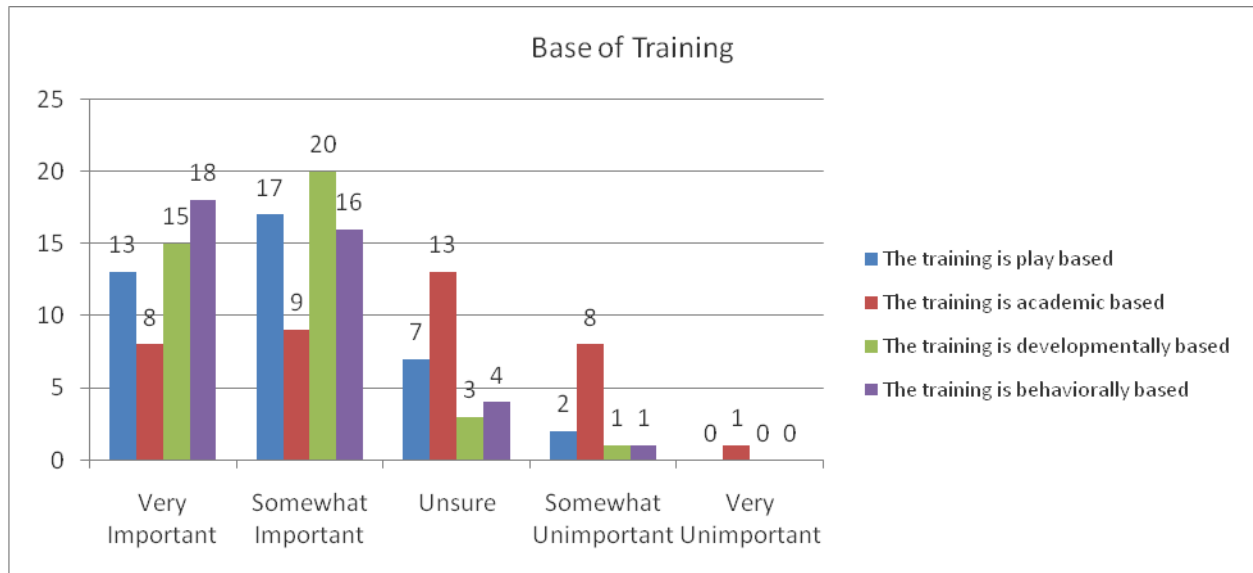
The mode for the item, “The training is play based,” which was “somewhat important” received forty-four percent (17 of 39) of the responses. Seventy-seven percent (30 of 39) of the fathers rated this factor as either “very important” or “somewhat important”. The survey results

indicated a majority of the fathers rated play based training as important but to a lesser degree than either a behavioral or developmental base for the training.

The mode for the item, “The training is academically based” which was “unsure” received thirty-three percent (13 of 39) of the responses. Forty-four percent (17 of 39) of the fathers rated this factor as either “very important” or “somewhat important”. Although the survey indicated a small majority of fathers rated an academic base to the training as important it was to a significantly lesser degree than the other three factors in this grouping. It was noteworthy that the mode for this factor was “unsure”.

Fathers at both focus groups agreed that all models, philosophies or methodologies had merit as the basis of a training program. This may explain why the survey results indicated that all four factors in this survey grouping were rated as important. Fathers voiced a preference for trainings to present many different approaches that have proven effectiveness for children with ASD. The fathers at the focus groups put more importance on the trainer’s qualifications than the base of the training. One father at the first focus group stated, “It seems to me that each of the philosophies brings something to the table. And in the hands of a good trainer you’re going to be ahead of where you were in a year.” This quote emphasizes the importance of a competent trainer above the base of the training philosophy or methodology. This idea was repeated and supported by a majority of fathers at both focus groups.

Figure 16. Base of Training.



Participation Request

The mode for the item, “The trainer specifically asks for my participation as the father,” which was “somewhat important” received fifty-one percent (20 of 39) of the responses (see Figure 19). Seventy-two percent (28 of 39) of the fathers rated this factor as either “very important” or “somewhat important”. A majority of the fathers rated as important that the trainer asked for their participation in the training.

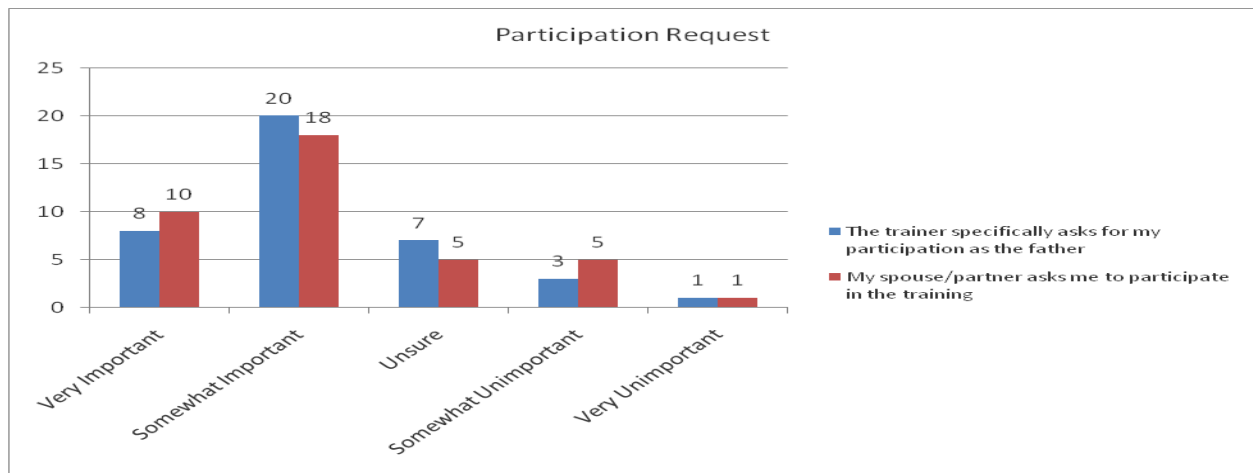
The mode for the item, “My spouse/partner specifically asks me to participate in the training,” which was “somewhat important” received forty-six percent (18 of 39) of the responses. Seventy-two percent (28 of 39) of the fathers rated this factor as either “very important” or “somewhat important”. The survey responses indicated that the fathers rated as important that their spouse/partner asked for their participation in the training. It was noteworthy that the fathers indicated approximately the same preference for the trainer or their spouse/partner specifically asking them to participate in the training.

At the first focus group two fathers described the importance of the author's efforts to directly ask them to participate in parent training for their child with ASD supporting the survey results. At the first focus group the father of a child with autism said,

You [the author] always tried to get me into the program that you were bringing home to me or to my son. You always tried to get me there. From the moment you heard that I might be willing to come you were trying to get me there. And I think that's important. Just the outreach is important.

This quote described this father's appreciation for the author asking him to directly participate in the training with his son and the importance of this outreach for all fathers.

Figure 17. Participation Request.



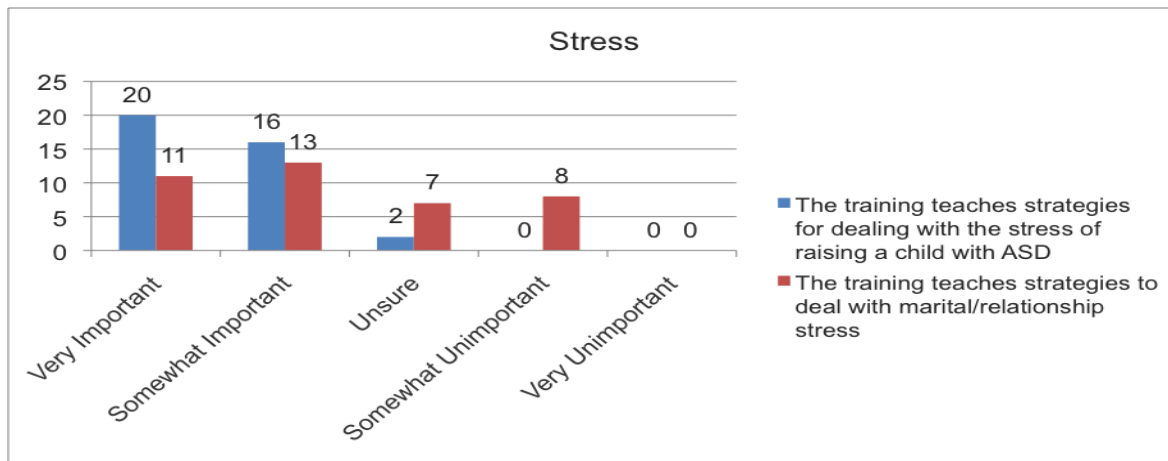
Stress

The mode for the item, "The training teaches strategies for dealing with the stress of raising a child with ASD," which was "very important" received fifty-three percent (20 of 38) of the responses (see Figure 20). Ninety-five percent (36 of 38) of the fathers rated this factor as either "very important" or "somewhat important". One father did not rate this item. A vast majority of the fathers indicated it was important that the training teach strategies for dealing with the stress of raising a child with ASD.

The mode for the item, “The training teaches strategies to deal with marital /relationship stress,” which was “somewhat important” received thirty-three percent (13 of 39) of the responses. Sixty-two percent (24 of 39) of the fathers rated this factor as either “very important” or “somewhat important”. The survey results indicated that a majority of the fathers felt it was important the training teach strategies to deal with marital/relationship stress but to a lesser degree than strategies to deal with the stress of raising a child with ASD.

At both focus groups fathers described the stress of raising a child with ASD and stress within the family and marriage as a result of raising a child with ASD. They did not, however, discuss incorporating strategies to deal with either type of stress as a specific topic to be taught at a parent training.

Figure 18. Stress.



Child Behavior and Communication

The mode for the item, “The training teaches specific techniques to address my child’s challenging behaviors,” which was “very important” received sixty-four percent (25 of 39) of the responses (see Figure 21). Ninety-seven percent (38 of 39) of the fathers rated this factor as either “very important” or “somewhat important”. A vast majority of the fathers indicated it was

important that the training teach specific techniques to address their child's challenging behaviors.

The mode for the item, "The training teaches me how to understand my child's behaviors," which was "very important" received sixty-two percent (24 of 39) of the responses. Ninety-five percent (37 of 39) of the fathers rated this factor as either "very important" or "somewhat important". The survey results indicated that a large majority of the fathers rated as important that the training teach how to understand their child's behaviors at approximately the same percentage as teaching specific techniques to address challenging behaviors.

The mode for the item, "The training focuses on my child's communication," which was "very important" received seventy-seven percent (30 of 39) of the responses. Ninety percent (35 of 39) of the fathers rated this factor as "very important" or "somewhat important". The survey results indicated that the fathers felt it was important that the training focuses on their child's communication. All three factors in this grouping had a high rating of importance for the fathers.

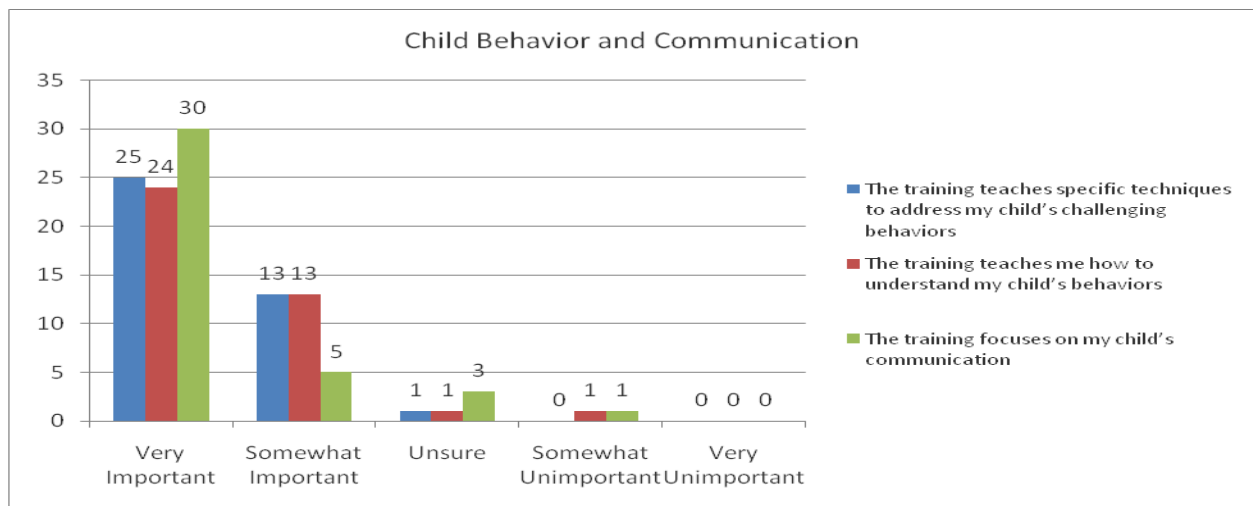
In both focus groups fathers discussed the importance of training to teach communication, address challenging behaviors and understanding behavior which supported the survey results. At the first focus group the father of a child with autism commented on the importance of understanding his child,

Well for me initially when I was discovering that my child had autism my biggest concern was that I could not relate with him. I could not get him to engage with me. Admittedly he was eighteen months old but you know most of the time babies will key in with their parents. And I could not engage with my child. And that's really been a focal issue as he's grown you know it's figuring out how to make contact with him. And how to get him involved with that contact and wanting that contact and hopefully seeking that contact out. And how to avoid being frustrated by the difficulty in getting that contact. Because you know you keep telling yourself over and over that this should come natural and it doesn't you know.

This quote describes the stress and frustration the father felt as a result of not understanding and engaging with his child. Also at the first focus group a father of multiple children with ASD

commented on his need to have strategies to deal with his children's challenging behaviors, "If I can get this lecture, get a practice run and go out into the real world and she drops down to throw a tantrum in the middle of the cross walk and I know what to do about it. That's valuable." Also at the first focus group a father of a child with autism said, "I don't care how you measure things. I care if my kid talks." regarding his child's communication. These quotes highlight the importance for training to cover all of the factors in this grouping.

Figure 19. Child Behavior and Communication.



Frequency of Training

The mode for the question, "How often should the parent training sessions be held?" which was "weekly" received forty-one percent (16 of 39) of the responses (see Figure 22). Thirty-three percent (13 of 39) of the fathers selected "twice a month" as a response to this question. Eighteen percent (7 of 39) of the fathers selected "once a month" as a response for this question. Three percent (1 of 39) of the fathers selected each of the following responses "daily", "every 3 months" or "once a year" as a response for this question. The survey results indicated a strong preference from the fathers for the frequency of the training to be either "weekly" or "twice a month".

With regard to the frequency of trainings, at the second focus group the father of a child with autism who received PLAY Project visits once a month with the author said,

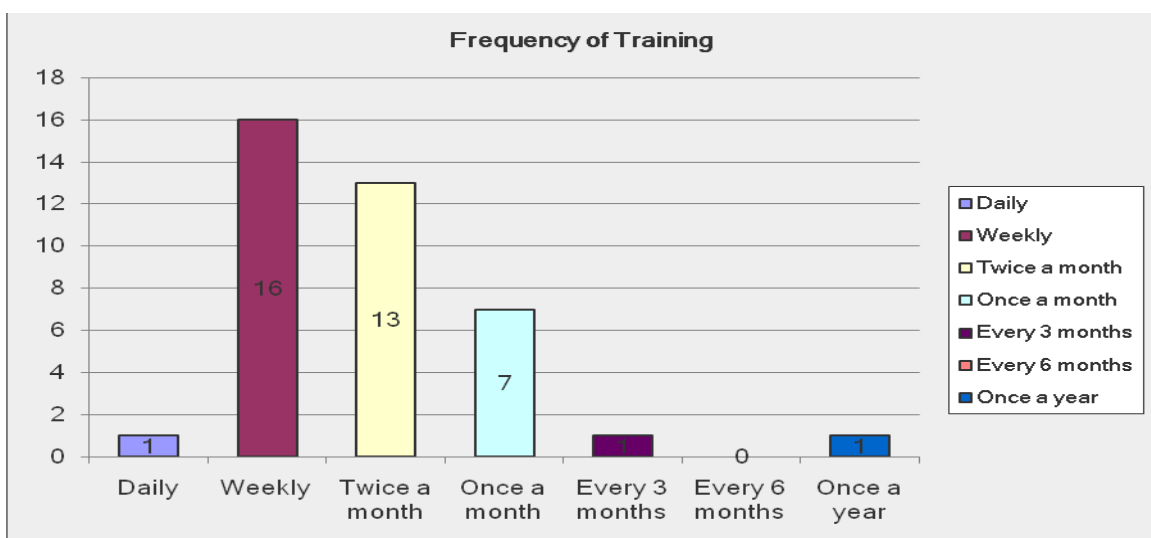
I wish there was more of it. You know, I would love to have continued, you know, with the PLAY Project. . . . You got to share it but I would love to be doing it all the time. (laugh) You know because I think even as they grow older it is always beneficial.

This father wanted the PLAY Project trainings to be more frequent than once a month which supported the results of the survey. He also wanted the training to continue beyond the training period as his child grows older. A second father continued on this point,

Maybe there could be a phase two. I . . . have been through a year or more of it [The PLAY Project] and we're grateful for that . . . but maybe there could be a higher level of training for those who've already had the privilege of that first year. That would be great.

In addition to the frequency of the training sessions the fathers at the focus group expressed a desire for the training to extend as the child grew older. One of the responses to the open ended survey question also raised this point, "Ideally, a training should be age-level specific as well, i.e., pre-kinder through 1st, elementary, middle, high school and post high school stages which all present new challenges for people with ASD."

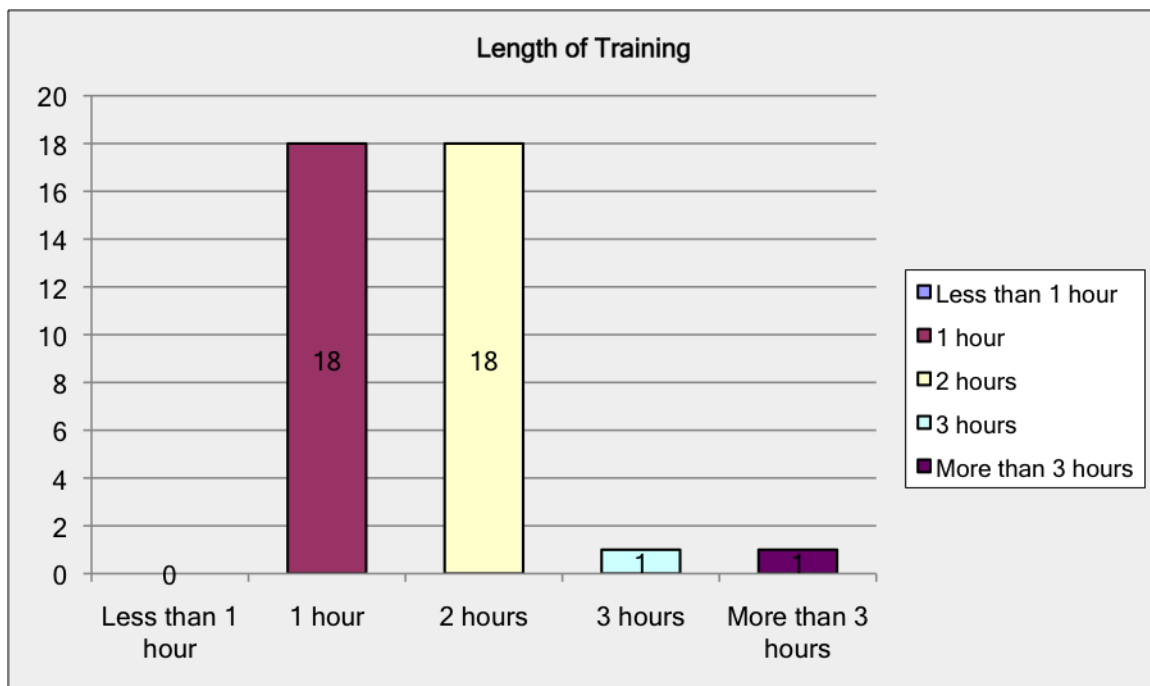
Figure 20. Frequency of Training.



Length of Training

The mode for the question, “How long should the parent training sessions last?” which was split between “1 hour” and “2 hours” with each receiving forty-seven percent (18 of 38) of the responses (see Figure 23). Ninety-five percent (36 of 38) of the fathers 95% indicated the length of the parent training sessions should be either “1 hour” or “2 hours”. One father did not respond to this question. The survey indicated a strong preference for the length of the training to last between one and two hours. The length of the training session was not addressed at either focus group.

Figure 21. Length of Training.



Analysis of the Effects of Demographics on Survey Responses

A chi-square statistical analysis was used to determine the variance of the fathers' survey responses related to the demographic information for family income and age of the father. To investigate these relationships, the median income level and father age were used to determine

groups. The median income level reported by fathers was \$85,000. Therefore, survey responses by fathers earning more than \$85,000 were compared to the responses from fathers earning less than \$85,000 to determine whether or not certain survey items differed significantly based on income level. The median age reported by fathers who completed the survey was 45. Thus, survey responses by fathers over 45 were compared to the responses of fathers under the age of 45 in order to determine whether or not certain survey items differed significantly based on father age. Statistical significance was determined to be a result below .05 on the chi-square analysis. Figures 24 and 25 summarize the results of this analysis.

Effects of Family Income on Preference of Parent Training Features

Table 3. Family Income Chi-Square Results for Family Income Above and Below \$85,000.

Survey Questions	Chi-square
The training is in my home	0.944
The training is in a clinic	0.829
The training is out in the community (i.e. park, pool, etc.)	0.378
The training is in a school	0.801
The training is on a weekday	0.777
The training is on a weekend	0.915
The training is on a weekday evening	0.73
The trainers are women	0.573
The trainers are men	0.659
The training is only with me, the trainer and my child	0.683
The training is with me, my spouse/partner, the trainer and my child	0.11
The training is with other fathers of children with ASD	0.943
The training is with other parents of children with ASD	0.693
The training is in a lecture format without my child	0.852
The training is hands on with my child	0.932
The training is fun for me	0.294
The training is fun for my child	0.503
The training is play based	0.319
The training is academic based	0.123
The training is developmentally based	0.621
The training is behaviorally based	0.81
The trainer specifically asks for my participation as the father	0.524
My spouse/partner asks me to participate in the training	0.245
I see the training is effective with my child	0.557
The training teaches strategies for dealing with the stress of raising a child with ASD	0.304
The training teaches strategies to deal with marital/relationship stress	0.55
The training teaches specific techniques to address my child's challenging behaviors	0.53
The training teaches me how to understand my child's behaviors	0.333
The training focuses on my child's communication	0.745
Frequency	0.138
Length	0.504

While none of the survey responses differed significantly based upon father income level, there were three items that were close to statistical significance with chi-square results under 0.20. The first was, “The training is with me, my spouse/partner, the trainer and my child”, which resulted in a chi-square of 0.11. This may indicate a slight preference among fathers with income higher than \$85,000 to have the training with the child, spouse/partner and trainer when

compared to fathers with a lower income. The second item was, “The training is academic based”, which resulted in a chi-square of 0.123. This may indicate a slight preference for the training to be academically based for fathers with an income of less than \$85,000 when compared to fathers with a higher income. The final question was “How often should the parent training sessions be held?”, which resulted in a chi-square of 0.138. This may indicate a slight preference among fathers with an income of over \$85,000 for trainings taking place twice a month, when compared to fathers with lower income levels.

Effects of Father Age on Preferences of Parent Training Features

Table 4. Father Age Chi-square Results for Fathers Over and Under 45 Years Old.

Survey Questions	Chi-square
The training is in my home	0.759
The training is in a clinic	0.286
The training is out in the community (i.e. park, pool, etc.)	0.538
The training is in a school	0.749
The training is on a weekday	0.326
The training is on a weekend	0.22
The training is on a weekday evening	0.09
The trainers are women	0.526
The trainers are men	0.78
The training is only with me, the trainer and my child	0.594
The training is with me, my spouse/partner, the trainer and my child	0.327
The training is with other fathers of children with ASD	0.199
The training is with other parents of children with ASD	0.345
The training is in a lecture format without my child	0.713
The training is hands on with my child	0.092
The training is fun for me	0.679
The training is fun for my child	0.521
The training is play based	0.525
The training is academic based	0.311
The training is developmentally based	0.327
The training is behaviorally based	0.584
The trainer specifically asks for my participation as the father	0.645
My spouse/partner asks me to participate in the training	0.655
I see the training is effective with my child	0.534
The training teaches strategies for dealing with the stress of raising a child with ASD	0.248
The training teaches strategies to deal with marital/relationship stress	0.695
The training teaches specific techniques to address my child's challenging behaviors	0.399
The training teaches me how to understand my child's behaviors	0.674
The training focuses on my child's communication	0.246
Frequency	0.19
Length	0.222

While there was no statistically significant variability found based upon the fathers' age in the survey results, two questions were very close to statistical significance with chi-square results under 0.10. The first was "The training is on a weekday evening" which resulted in a chi-square of 0.09. This may indicate a slight preference among younger fathers for trainings

occurring on weekday evenings, as compared to older fathers. The second survey item was “The training is hands on with my child”, which resulted in a chi-square of 0.092. This may indicate a slight preference among younger fathers for hands-on training, as compared to older fathers.

There was one other question that was close to statistical significance with a chi-square result under 0.20. This survey question was “How often should the parent training sessions be held?” which resulted in a chi-square of 0.190. This may indicate a slight preference among older fathers for trainings occurring only once a month, as compared to younger fathers.

Chapter 5: Discussion

Discussion

Introduction

This study investigated the factors that affect fathers' participation in parent training for children with ASD. The findings from an online survey completed by thirty-nine fathers of children with ASD and two focus groups with a total of ten participant fathers of children with ASD, pinpointed several factors identified as being either important or unimportant for inclusion in a "father friendly" parent training for fathers of children with ASD. The information will be used to facilitate increased father participation in a local Monterey Bay Region program for parents of children with ASD and may be useful to other programs that provide training to parents, especially fathers, of children with ASD.

Programmatic Factors that Positively Impact Father Participation

A number of features impacting father participation in parent training for children with ASD were identified. The most important of these centered on the topics of: 1) Flexible Scheduling, 2) Format of Training, 3) Directly Request Father Participation, 4) Stress, 5) Frequency and Duration 6) Behavior and Communication.

Flexible Scheduling (Location, Days and Times).

A topic frequently described as important to father participation in both focus groups and in the open-ended survey question was flexible scheduling. This includes several different components: locations, days and times of day. All of these components were important because fathers expressed the need for the training to be scheduled around their work schedules. Previous studies identified the scheduling of parent trainings around work commitments to be the primary challenge identified by fathers to attending parent training (Winter 2006).

At the first focus group one father of multiple children with autism said,

“... flexible locations. I mean can it be done at the beach if it's a beautiful day and my boy wants to go to the beach. Can it be done over there? Can it be done at the pool? Can it be done where it's a beautiful great day outside? I really don't necessarily want to be inside my house with my son.”

The father in this quote referred to his preference for the location of the training. A preference for flexibility with training locations was endorsed by the three other fathers who participated at the first focus group meeting.

The survey results appeared to be contradictory with the home, school and community locations each being rated important. However this likely was an indication of their preference for flexibility of training locations (Winter, 2006). For some fathers the school would be a preferred location, whereas for other fathers the home might be preferred. For some fathers the location they preferred might change depending on their work schedule (Winter, 2006). However, this flexibility seems to refer to training conducted in home, school or community settings only, as the clinic location was rated as least important by most fathers. Flexible locations are of paramount importance in father participation in parent training.

Flexible days and times were also important. Although fathers rated weekday evenings and weekends higher than weekdays on the survey, there was significant variability in this area. Weekday visits were the least important. This was exemplified by one of the responses to the open ended survey question where the respondent stated, “Training that occurs during the day on weekdays is prohibitively difficult to commit to.” Yet some fathers rated weekday trainings as “very important”. At the first focus group the father of three children with ASD said, “During work hours is not father friendly.” Perhaps, as the Winter (2006) study found, flexibility to work around the father's work schedule is most important. More fathers that completed the survey rated weekend and weekday evenings as important, but flexibility appears to be the key.

These results likely point to the need for flexibility with scheduling the training. One of the opened ended survey responses was, “Flexibility in scheduling dramatically affects my ability to participate since autism has made us mostly a one income family, and that one income is from my job.”

Flexibility in scheduling to support the father’s ability to not miss work was a recurrent theme in the open ended survey question responses as well as in both focus groups. Although weekday evenings and weekends appear to be a better option for a majority of the fathers, there is a significant minority of fathers that prefer weekdays. Fathers have different work schedules and thus “father friendly” training needs to work with the father’s unique schedule to encourage their participation. As one of the fathers at the first focus group suggested, perhaps the best way to accomplish this would be through a scheduling survey before the training begins and at regular intervals to ensure the schedule is working for the family.

Format of Training.

The format of the parent training includes several key features: 1) Participants of the Training, 2) “Hands on” Training and Lecture Training, 3) Fun, 4) Ideal Format. At both focus groups fathers described that the philosophy and or methodology were less important than the effectiveness of the training and the trainer’s effectiveness in working with them and their child. In the survey, effectiveness of the training was rated as important by a significant majority of the fathers. Several of the format components of training overlapped in importance on the survey and focus groups.

Participants of the Training.

Spouse/Partner and Child.

The survey results clearly demonstrated that the majority of the respondents felt it was important to have their spouse/partner and child participate with them in the training. Child care was discussed as necessary for fathers and their spouses/partners to also participate. A father of multiple children with ASD said at the first focus group, “I wish my wife would have been there with me. It would have been useful for both of us. But we can never go to trainings together because of the childcare thing.” This quote identifies the importance of both parents attending the training together, and that for most families childcare is the only way to accomplish this.

Other Parents or Fathers of Children with ASD.

On the survey, a small majority of the fathers indicated that they were unsure if other parents or fathers should participate in training with them. At the focus groups a majority of the fathers made statements that they would prefer to have a portion of the training with other parents and/or fathers. Combining these two data sources, one can deduce that ideal “father friendly” trainings would offer an option for group parent training, but with the main emphasis for the training on the individual father and his spouse/partner with their child.

“Hands-on” Training and Lecture Training.

The fathers who completed the survey indicated a strong preference for training that is “hands-on” with their child when compared to lecture training. On the survey, a lecture format training without the child was rated as unimportant by the majority of fathers. There was no option to combine lecture and “hands-on” training on the survey. However, at both focus groups fathers spontaneously put forward an idea of combining lecture training with other parents of children with ASD and individual “hands-on” training with their child. All ten fathers that participated in the focus groups agreed this was a good idea. Therefore, an ideal training model

should include a group lecture component with other parents of children with ASD and follow up trainings in which skills are taught with the individual families “hands-on”.

Fun.

On the survey and in both focus groups, fathers agreed that the training should be fun for the child and the father. On the survey the vast majority of the fathers rated their child's enjoyment of the training as important. Fathers also indicated that the training should be fun for them as well, but to a lesser degree. Efforts to identify child and father preferences and to incorporate those into training should be made by all parent trainings to ensure the training is fun for both. This would be another area in which a survey used to identify what would be fun for father and their child would be very beneficial, in addition to identifying scheduling preferences.

Ideal Format.

Based on the results of the study, the ideal format for a father friendly training would appear to involve initially providing a group lecture instruction component to cover an important topic. This would then be followed by a series of home, community and/or school visits, in order to have the parents try the skill with the child. These sessions would be videotaped so that a subsequent group instruction session could be delivered where the fathers would have the opportunity to watch the video, receive feedback from the other parents/fathers and trainer in order to refine their skills before going out to practice again with their child. A father at the first focus group summarized this idea,

First you get some instruction. Then you get controlled experience in a controlled environment. Say a classroom. And then you test it in the real world and see if it works. So if we're talking about ideal training let's talk about multi-stage. You know the first time you get the theory. You get to sit as [sic] a room full of adults and get to figure it out. You know this is what the theory is. Great. The next week you come. Or the next month or you know something flexible. Because I'm right there with you on flexibility. (Laughs) Ok so the next time you come and children are supposed to be in this session. You bring the kids in and you say we're going to try this now. Last week we talked about

- give a recap. And this week we're going to give it a try. Try this therapy. Try this Floortime. Try this ABA. And you do this. And it's not really a dry run because it's real experience. But you do it in a controlled setting. And then say that the third time you go on a field trip. Say we're all going to go to the beach and we're going to try what we did and see how well it works real world.

This quote summarizes a format for training that the fathers at the first focus group all agreed would be ideal for a “father friendly” parent training. At the second focus group the fathers spontaneously put forward a similar multi-stage ideal training.

One of the open ended survey responses stated, “[The] trainer would take into account my existing knowledge and experience dealing with my child with ASD, and would interview me extensively about my concerns for my child.” This quote captures the need for a training to incorporate a detailed interview or survey regarding the fathers’ concerns for their child. This idea was also explored at both focus groups in the broader context of surveying the fathers about all aspects of the training at the onset of the training. Specifically they discussed surveying or interviewing fathers about how to make the training work for them and their child. Clearly including the father interview or survey at the beginning of the training can individualize the training and make it more “father friendly”.

Directly Request Father Participation.

On the survey both items relating to directly asking the fathers to participate in the training received ratings indicating a high level of importance. Similar to Winter’s (2006) findings, fathers in the current study agreed that it was important that they are directly asked to participate. Directly asking the father to participate in the training was rated as important whether it was the trainer or the spouse/partner asking for their participation. This would be an easy and inexpensive change for programs to make and likely would have a positive impact on father participation.

Stress.

The fathers on the survey indicated a strong preference reported for the training to teach strategies on how to deal with the stress of raising a child with ASD. Fathers also rated as important to have the training cover marital/relationship stress, but to a smaller degree. Clearly incorporating strategies for dealing with both types of stress are important factors to include in a “father friendly” parent training.

Frequency and Duration.

According to the survey results, overwhelmingly the fathers indicated that the trainings should be weekly or bi-monthly. Fathers who completed the survey also expressed a preference that the trainings should be short, approximately 1 to 2 hours in length. This result has implications for the PLAY Project, which usually has consisted of 3-hour visits in the home of the family. Perhaps the visits should be shortened and increased in frequency. Based on these results shorter more frequent visits likely would work better for fathers.

Behavior and Communication.

On the survey fathers rated child behavior and communication as important areas for a parent training to target. It was identified as important both that the training teach specific techniques to address challenging behaviors and how to understand the child’s behavior. The survey results on behavior and communication were supported by the fathers’ statements at the focus groups.

Factors that were either Unimportant or to be Avoided

The survey results convincingly demonstrate that the gender of the trainer was not important to the fathers in this study. However, there was a strong case made by two fathers at the second focus group that a male trainer made their experience of parent training more “father

friendly”. As with the need for flexibility in the location and scheduling, providing an option for a male or female trainer may make parent training more “father friendly” for some fathers.

Implications

Many of the findings in the study have begun to be incorporated by the author into training offered by the local PLAY Project. For example, fathers are now directly asked to participate in the PLAY Project training by the consultants. This step has led to several fathers regularly participating in the training that likely would not have otherwise participated. More flexibility with scheduling is also offered whenever possible to accommodate the fathers' work schedules. The impact has improved father participation in the local PLAY Project.

The author will utilize the knowledge gained in this study to design a grant proposal at ESCC in which the essential components of this study are incorporated. The proposed training components will consist of 1) flexible scheduling, 2) incorporation of several evidence based methodologies for working with children with ASD, 3) training on stress and communication, 4) short one to two hour frequent trainings and 5) a mixture of group lecture and individual “hands-on” training. A central component of this training will be to conduct a detailed intake survey of fathers' preferences regarding the scheduling and content of the training from which training features can be individually tailored to meet their needs.

Limitations

The number of fathers who filled out the survey was small. Only thirty-nine fathers completed the survey, which limits the ability of the study to apply to all fathers of children with ASD. This also limited the extent to which statistical analyses could be conducted in comparing the fathers' demographic information against the factors rated.

Fathers who filled out the survey and participated in the focus groups self selected participation and may have been more interested in parent training than fathers who did not participate.

The majority of the study's participants were from the Monterey Bay region of Central California indicating the study should have good applicability locally. However there may be limited applicability to fathers of children with ASD who reside outside of this area.

The majority of the survey and focus group participants had children diagnosed with ASD under the age of twelve. Therefore the study may not be applicable to fathers of older children diagnosed with ASD.

Future Research

Conducting a similar study with a larger sample size is recommended. With a larger sample size, statistical analysis may determine if there is significant variance between different father demographics. A study that directly compares the effects of specific components rated as important in this study is recommended. A study of father participation in a multi-stage training which incorporates a father preference survey, group lecture and "hands-on" training is also recommended.

Summary

Fathers in the survey and focus groups identified important programmatic factors that may facilitate father participation in parent training for fathers of children with ASD. Among the important factors to include were flexible scheduling, asking the fathers directly to participate in the training, providing a training that is fun for the child, including the spouse/partner and child in the training and an providing an effective training. Gender of the trainer was considered unimportant to the fathers who completed the survey, although two fathers in the second focus

group indicated a male trainer was beneficial to them. The primary factor that inhibited father participation was identified as inflexible scheduling. A multi-stage training was proposed at both focus groups, consisting of group parent training in a lecture format and subsequent hands-on training as being ideal for father participation. Further study is needed on specific factors that would promote father participation in parent training to determine which factors will have the most effect with the least financial burden to programs.

Conclusion

Participation of fathers in parent training can contribute to long term positive outcomes for children with ASD and the well being of their family. Many fathers of children with ASD want to learn and participate in parent training for their child, yet historically their participation has been limited. The findings of this study begin to guide professionals on how to allow fathers to more easily access parent training for their children with ASD.

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Appendices

Appendix A

Letters sent to SKC and PLAY Project Databases and author's professional contacts.

October 6th 2010

To fathers of children with Autism Spectrum Disorder (ASD),

I am conducting a study on the factors effecting the participation of fathers in parent training for children with (ASD) as partial fulfillment of my Masters in Education with an emphasis in Special Education at California State University of Monterey Bay (CSUMB). Your participation is completely voluntary. I am requesting you to complete an anonymous survey by going to the e-link below. Your answers to the survey will help to develop father friendly parent trainings for children with ASD. If you decide to participate, please complete the survey by October 27th 2010.

To complete the survey go to the following link: <http://www.surveymonkey.com/s/DV7TLT2>

I will also be conducting a focus group on this topic. I am looking for ten fathers of children with ASD that live in the Tri-Counties area of the California Central Coast. The focus group will be one hour in length on an upcoming Saturday at centralized Tri-Counties location (Probably Saturday 10/30/10). Refreshments will be provided. If you are the father of a child with ASD and live in Monterey, Santa Cruz or San Benito County and are interested in participating in the focus group please contact me directly. My contact information is listed below.

If you are interested in participating in the focus group or have any questions or concerns about the survey or the study, please contact me via e-mail at mwenzler@es-cc.org or at (831) 566-2988.

If you know any other fathers of children with ASD please inform them about the survey and the focus group.

Thank you,

Mark Wenzler
CSUMB

October 27th 2010

To fathers of children with Autism Spectrum Disorders (ASD),

I am conducting a study on the factors effecting the participation of fathers in parent training for children with ASD as partial fulfillment of my Masters in Education with an emphasis in Special Education at California State University of Monterey Bay (CSUMB). Your participation is completely voluntary. I am requesting you to complete an anonymous online survey by going to the e-link below. The survey should take about 10 to 15 minutes to complete. Your answers to the survey will help to develop father friendly parent trainings for children with ASD. If you decide to participate, please complete the survey before midnight on October 30th 2010.

To complete the survey go to the following link: <http://www.surveymonkey.com/s/DV7TLT2>

If you have any questions or concerns about the survey or the study, please contact me via e-mail at mwenzler@es-cc.org or at (831) 566-2988.

If you know any other fathers of children with ASD please inform them about the survey.

Thank you,

Mark Wenzler
CSUMB

Appendix B

Fathers of Children with Autism Parent Training Survey

1) I am a father of a child with an Autistic Spectrum Disorder (ASD)?

Yes

No

2) The age of my child is:

0 to 2

3 to 5

6 to 12

13 to 18

19 to 25

26 or older

3) My age is:

Under 18

18 to 25

25 to 35

35 to 45

45 to 60

61 or older

4) What is your zip code?

5) What is your annual family income?

\$25,000 or less

\$25,001 to \$50,000

\$50,001 to \$75,000

\$75,001 to \$100,000

\$100,000 to \$125,000

\$125,001 to \$150,000

\$150,001 to \$175,000

\$175,001 to \$200,000

Over \$200,000

6) Please list the characteristics that you see as the most important to your participation in a parent training program for your child with (ASD):

Characteristic	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The training is in my home	5	4	3	2	1
The training is in a clinic	5	4	3	2	1
The training is out in the community (i.e. park, pool, etc.)	5	4	3	2	1
The training is in a school	5	4	3	2	1
The training is on a weekday	5	4	3	2	1
The training is on a weekend	5	4	3	2	1
The training is on a weekday evening	5	4	3	2	1
The trainers are women	5	4	3	2	1
The trainers are men	5	4	3	2	1
The training is only with me, the trainer and my child	5	4	3	2	1
The training is with me, my spouse/partner, the trainer and my child	5	4	3	2	1
The training is with other fathers of children with ASD	5	4	3	2	1
The training is with other parents of children with ASD	5	4	3	2	1
The training is in a lecture format without my child	5	4	3	2	1
The training is hands on with my child	5	4	3	2	1
The training is fun for me	5	4	3	2	1
The training is fun for my child	5	4	3	2	1
The training is play based	5	4	3	2	1
The training is academic based	5	4	3	2	1
The training is developmentally based	5	4	3	2	1
The training is behaviorally based	5	4	3	2	1
The trainer specifically asks for my participation as the father	5	4	3	2	1
My spouse/partner asks me to participate in the training	5	4	3	2	1
I see the training is effective with my child	5	4	3	2	1
The training teaches strategies for dealing with the stress of raising a child with ASD	5	4	3	2	1
The training teaches strategies to deal with marital/relationship stress	5	4	3	2	1

The training teaches specific techniques to address my child's challenging behaviors	5	4	3	2	1
The training teaches me how to understand my child's behaviors	5	4	3	2	1
The training focuses on my child's communication	5	4	3	2	1

7) Do you have comments about characteristics that would affect your participation in a parent training program for your child with ASD?

8) How often should the parent training sessions be held?

More than 1x/week 1x/week 2x/month 1x/month 1x/3months
 1x/six months 1x/year

9) How long should the parent training sessions be?

Thank you so much for completing the survey! ☺

Appendix C

Focus Group Questions

1. Please say your first name, the age(s) and diagnosis of your child(children) diagnosed with Autism Spectrum Disorders (ASD).
2. How many of you have been through parent training for your child/children with ASD?
 - a. What worked for you in those trainings?
 - b. What did not work for you in those trainings?
3. What would you include in a father friendly training for fathers of children with ASD?
4. What should be avoided or not included in a father friendly parent training for fathers of children with ASD?

Appendix D

SKC Letter

June 22nd 2010

To Whom It May Concern;

I understand that Mark Wenzler will be engaged in research regarding Factors Effecting Fathers' Participation in Parent Training for Children with Autistic Spectrum Disorders (ASD). I give my permission to add an invitation and e-link to the survey for this study to our Special Kids Crusade (SKC) e-newsletter. I understand the invitation added to the e-newsletter will ask local fathers of children with ASD to participate in a voluntary and anonymous survey by following the e-link. If there are insufficient responses to the e-newsletter I have asked Mark to contact me to discuss other ways in which SKC can assist him in encouraging local fathers of children with ASD to complete the online survey. I also give permission for Mark to conduct a focus group in the SKC conference room with a group of local fathers of children with ASD for this research study.

Sincerely,

Laura Harris

Executive Director, Special Kids Crusade

ESCC Letter

June 22nd 2010

To Whom It May Concern;

Mark Wenzler works for Easter Seals Central California as Manager of the PLAY Project. I understand that Mark will be engaged in research regarding Factors Affecting Fathers' Participation in Parent Training for Children with Autistic Spectrum Disorders (ASD). I give my permission for him to use our PLAY Project contact list to ask fathers of children with ASD to participate in a voluntary and anonymous survey and a voluntary focus group.

Sincerely,

Bruce Hinman

CEO

BH:em